S. Hrg. 100-86

HEALTH AND EDUCATION OF NATIVE HAWAIIANS

HEARING

BEFORE THE

SELECT COMMITTEE ON INDIAN AFFAIRS
UNITED STATES SENATE

ONE HUNDREDTH CONGRESS

FIRST SESSION

ON

S. 136

TO IMPROVE THE HEALTH STATUS OF NATIVE HAWAIIANS

S. 360

TO IMPROVE THE EDUCATION STATUS OF NATIVE HAWAIIANS

MARCH 6, 1987
HONOLULU, HI

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HEALTH AND EDUCATION OF NATIVE HAWAIIANS

FRIDAY, MARCH 6, 1987

U.S. SENATE,
SELECT COMMITTEE ON INDIAN AFFAIRS,
Honolulu, HI.

The committee met, pursuant to notice, at 1:30 p.m., in the Hawaii State Labor and Industrial Relations Building, Hon. Daniel K. Inouye (chairman of the committee) presiding.

Present: Senator Inouye and Representative Akaka.

Staff present: Patricia Zell, chief counsel; Virginia Boylan, special counsel; and Ipolani Lung, legislative assistant.

STATEMENT OF HON. DANIEL K. INOUYE, U.S. SENATOR FROM HAWAII, AND CHAIRMAN, SELECT COMMITTEE ON INDIAN AFFAIRS

The CHAIRMAN. As Chairman of the Senate Select Committee on Indian Affairs, I am pleased to welcome all of you to this special hearing. This hearing this afternoon will provide the committee with an opportunity to receive testimony on S. 136, a bill to improve health status of Native Hawaiians, and S. 360, a bill to improve the educational status of Native Hawaiians.

As some of you are aware, S. 136 is similar to a bill that I introduced in the 99th Congress, S. 2243, which passed the Senate but failed to pass the House in the final days of the last Congress.

A hearing on S. 2243 was held in Washington in May 1986, but we have decided to bring the committee here today to assure that anyone from the local community who may wish to provide input may have an opportunity to do so.

S. 136 would establish a comprehensive health promotion and disease prevention program to serve Native Hawaiians and would authorize the provision of scholarship assistance to Native Hawaiians entering the health professions and would provide funding for the establishment of additional community health centers to serve Native Hawaiians. Additional authority is created which authorizes the Secretary of the Department of Health and Human Services to enter into contracts with Native Hawaiian organizations for the provision of health care referral and outreach services.

Now that there has been ample time for the Native Hawaiian community to analyze and react to the provisions of this bill, the committee is interested in learning whether alternative proposals for the composition of an advisory or administrative entity to oversee the activities envisioned in the bill have been considered. I have been advised that a solution has been reached, and we are very pleased with that.

We would also like to explore with the witnesses here a proposal that would authorize the Secretary to enter into contracts with health maintenance organizations for the provision of care for Native Hawaiian patients.

We are also pleased to receive testimony today on S. 360, a bill that authorizes the Secretary of the Department of Education to make grants to educational institutions for the provision of various education programs, including the implementation of model educational curricula and the establishment of family based pre-school education centers.

This bill, S. 360, is the culmination of a legislative process that began over 10 years ago. Since that time the focus has shifted back and forth between attempts to include programs for Native Hawaiians among those designed for American Indians and attempts to establish separate categorical programs specifically designed for Native Hawaiians.

This bill encompasses the latter approach, and we are anxious today to hear from witnesses about the viability of the mechanics established in the bill.

[The text of S. 136 and S. 360 follows:]

II

100TH CONGRESS
1ST SESSION

S. 136

To improve the health status of Native Hawaiians, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JANUARY 6, 1987

Mr. INOUYE (for himself, Mr. DECONCINI, and Mr. MATSUNAGA) introduced the following bill; which was read twice and referred to the Select Committee on Indian Affairs

---

A BILL

To improve the health status of Native Hawaiians, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

FINDINGS

SECTION 1. The Congress finds that—

(1) the Federal Government retains the legal responsibility to enforce the administration of a public trust responsibility for the betterment of the conditions of Native Hawaiians by the State of Hawaii;

(2) in furtherance of the State of Hawaii's public trust responsibility for the betterment of the conditions of Native Hawaiians, contributions by the Federal Government to the provision of health education and health services to maintain and improve the health status of Native Hawaiians are consistent with the historical and unique legal relationship of the Federal Government with the government that represented the indigenous native people of Hawaii;

(3) it is the policy of the Federal Government to raise the health status of Native Hawaiians to the highest possible level and to encourage the maximum participation of Native Hawaiians in the planning and management of health services in order to achieve this objective;

(4) Federal support for programs that provide health care to Native Hawaiians has resulted in a reduction in the prevalence and incidence of preventable illnesses among Native Hawaiians and in a reduction in premature deaths of Native Hawaiians; and

(5) further improvement in the health status of Native Hawaiians is necessary on the basis of findings that—

(A) Native Hawaiians experience the highest age-sex standardized mortality rate in the State of Hawaii,

(B) Native Hawaiians experience a lower life expectancy than any other population group in the State of Hawaii,

(C) Native Hawaiians experience a higher rate of infant mortality, congenital abnormalities and underweight infants than any other population in the State of Hawaii,

(D) Native Hawaiians have the greatest risk of diabetes, heart disease, and some forms of cancer than any other population in the State of Hawaii,

(E) Native Hawaiians experience the onset of diabetes, heart disease, and hypertension at earlier ages than other populations in the State of Hawaii,

(F) Native Hawaiians have significantly higher rates of heart disease and hypertension than other populations in the State of Hawaii,

(G) Native Hawaiians have one of the highest cancer rates of any population in the United States and Native Hawaiians have the poorest survival rates from cancer than any other population in the State of Hawaii,

(H) Native Hawaiian pregnant women rank the highest of all populations of pregnant women in the State of Hawaii—

(i) receiving late or no prenatal care,

(ii) smoking and alcohol consumption during pregnancy,

(iii) toxemia and urinary tract infections during pregnancy, and

(iv) complications of pregnancy over age 35,

(I) Native Hawaiians have higher rates of suicide among young adult and elderly males than the statewide population as a whole,

(J) Native Hawaiian children have one of the highest periodontal disease rates and the poorest dental hygiene of any other population in the State of Hawaii,

(K) Native Hawaiians have higher proportion of alcohol and narcotics use and school performance impairment than the statewide population as a whole,

(L) Native Hawaiians have higher levels of stress than the statewide population as a whole based on leading stress indicators,

(M) Native Hawaiians are underrepresented in rates of participation in health education, health promotion, screening, and referral programs,

(N) utilization of mental health services by Native Hawaiians is significantly below that of other populations in the State of Hawaii, and

(O) Native Hawaiians are underrepresented in the health professions.

DEFINITIONS

SEC. 2. For purposes of this Act—

(1) The term "disease prevention" includes—

(A) immunizations,

(B) control of high blood pressure,

(C) control of sexually transmittable diseases,

(D) prevention and control of diabetes,

(E) pregnancy and infant care, including prevention of fetal alcohol syndrome,

(F) control of toxic agents,

(G) occupational safety and health,

(H) accident prevention,

(I) fluoridation of water, and

(J) control of infectious agents.

(2) The term "health promotion" includes—

(A) cessation of tobacco smoking,

(B) reduction in the misuse of alcohol and drugs,

(C) improvement of nutrition,

(D) improvement in physical fitness,

(E) family planning, and

(F) control of stress.

(3) The term "Native Hawaiian" means any individual who has any ancestors that were natives, prior to 1778, of the area that now comprises the State of Hawaii.

(4) The term "Native Hawaiian organization" means any organization—

(A) which serves and represents the interests of Native Hawaiians,

(B) which is recognized by the Office of Hawaiian Affairs of the State of Hawaii and E Ola Mau for the purpose of planning, conducting, or administering programs (or portion of programs) authorized under this Act, and

(C) in which Native Hawaiian health professionals significantly participate in the planning, management, monitoring, and evaluation of health services.

(5) The term "Native Hawaiian educational institution" means any educational institution that—

(A) serves and represents the interests of Native Hawaiians, and

(B) has as a primary and stated purpose the provision of educational services to Native Hawaiians.

(6) The term "Advisory Board" means the Native Hawaiian Health Promotion and Disease Prevention Advisory Board established under section 3(b).

(7) The term "Secretary" means the Secretary of Health and Human Services.

HEALTH PROMOTION AND DISEASE PREVENTION

SEC. 3. (a)(1) For fiscal year 1989, and for each fiscal year thereafter, the Secretary shall, in consultation with the Advisory Board established under subsection (b), enter into contracts with Native Hawaiian organizations under which the Secretary shall provide funds to Native Hawaiian organizations to establish and administer programs of health promotion and disease prevention designed to serve Native Hawaiians.

(2) The program that is to be established and administered under each contract entered into under paragraph (1) shall—

(A) provide necessary preventive-oriented health services, including maternal and child health care and mental health care, through the establishment of community health centers, subject to the availability of appropriations authorized under section 4(a)(3)(B);

(B) provide for the collection of data related to the prevention of diseases and illnesses among Native Hawaiians, including the prevention of fetal alcohol syndrome, hypertension, heart disease, and diabetes;

(C) provide for medical and general health-related research into the diseases that are most prevalent among Native Hawaiians including, but not limited to, heart disease, hypertension, cancer, and diabetes;

(D) provide for research into the mental health problems that are most prevalent among Native Hawaiians including, but not limited to, alcoholism, substance abuse, reduction of stress, and child abuse;

(E) provide for education in health promotion and disease prevention in the Native Hawaiian population by Native Hawaiian community outreach workers and Native Hawaiian nurses;

(F) provide for health planning in areas which shall include, but not be limited to, health planning in maternal and child health, nutrition, disease prevention, health promotion, health education, and mental health; and

(G) provide training for Native Hawaiian community health outreach workers as paraprofessionals in the provision of health care and health education in Native Hawaiian communities by means of a curriculum which—

(i) combines education in the theories of health care with supervised practical experience in the provision of health care,

(ii) provides instruction and practical experience in health promotion and disease prevention activities, particularly—

(I) nutrition,

(II) physical fitness,

(III) weight control,

(IV) cessation of tobacco smoking,

(V) stress management,

(VI) control of alcohol and substance abuse, including prevention of fetal alcohol syndrome,

(VII) control of high blood pressure,

(VIII) prevention and control of diabetes,

(IX) prevention of lifestyle related accidents,

(X) prenatal and postnatal infant health care, and

(XI) maternal health care, and

(iii) provides instruction in the most current and effective social, educational, and behavioral approaches to the establishment and maintenance of good health habits.

(b)(1) There is hereby established the Native Hawaiian Health Promotion and Disease Prevention Advisory Board.

(2)(A) The Advisory Board shall be composed of—

(i) an individual appointed to the Advisory Board by the Secretary from among nominations submitted to the Secretary by the Governor of the State of Hawaii, and

(ii) individuals representing each of the following organizations who are appointed to the Advisory Board by the Secretary from among nominations submitted by each of the following organizations:

(I) Alu Like, Inc.;

(II) the Office of Hawaiian Affairs of the State of Hawaii;

(III) E Ola Mau or any other organization composed of Native Hawaiian health care professionals;

(IV) the University of Hawaii School of Medicine;

(V) the University of Hawaii School of Public Health;

(VI) the University of Hawaii School of Nursing;

(VII) the Hawaii State Department of Health;

(VIII) the Kamehameha Schools, Bernice Pauahi Bishop Estate;

(IX) the Liliuokalani Trust;

(X) the Hawaii Nurses Association;

(XI) the Hawaii Medical Association;

(XII) the Hawaii State Department of Social Services and Housing;

(XIII) the Waianae Coast Comprehensive Health Center, or its successor organization, the Hawaii State Association of Community Health Centers;

(XIV) the Hawaii Psychological Association;

(XV) the Hawaii Psychiatric Association;

(XVI) the Hawaii Social Work Association;

(XVII) the Hawaii Society of Public Health Educators;

(XVIII) the Hawaii Dietetic Association;

(XIX) the Hawaii State Board of Education;

(XX) the Department of Hawaiian Home Lands;

(XXI) the Hawaii Dental Association; and

(XXII) any other organization designated by the Secretary for purposes of this subparagraph.

(B)(i) Except as provided in clause (ii), the term of office for each member of the Advisory Board shall be 3 years.

(ii) Of the initial members of the Advisory Board—

(I) the member representing the Governor of Hawaii and the members representing organizations listed in clauses (I), (II), (III), (IV), (V), and (VI) of subparagraph (A)(ii) shall have a term of 3 years,

(II) the members representing the organizations listed in clauses (VII), (VIII), (IX), (X), (XI), (XII), and (XIII) of subparagraph (A)(ii) shall have a term of 2 years, and

(III) the members representing all other organizations listed in subparagraph (A)(ii) shall have a term of 1 year.

(C) A vacancy on the Advisory Board shall be filled in the same manner in which the original appointment was made. A member so appointed shall serve for the remainder of the term of office to which such member is appointed.

(D) Individuals nominated for, and appointed to, the Advisory Board under subparagraph (A) should, to the extent feasible, be Native Hawaiians.

(E) The members of the Advisory Board shall elect a chairman from among the members of the Advisory Board.

(3) The Advisory Board—

(A) shall oversee—

(i) the awarding of contracts under subsection (a)(1),

(ii) the administration of programs for which contracts are entered into under subsection (a)(1), and

(iii) the grants awarded under subsection (c), and

(B) shall prepare and submit to the Secretary reports for each calendar quarter on the oversight conducted under subparagraph (A), and

(C) shall prepare and submit to the Congress, through the Secretary, annual reports containing recommendations on activities that—

(i) are designed to address the health care needs of Native Hawaiians, and

(ii) may be conducted by—

(I) the State of Hawaii,

(II) the Federal Government,

(III) community health centers,

(IV) Native Hawaiian organizations, or

(V) private health care providers.

(4) The provisions of section 14, and subsections (e) and (f) of section 10, of the Federal Advisory Committee Act (5 U.S.C. Appendix 2) shall not apply with respect to the Advisory Board.

(c)(1) Subject to the availability of funds appropriated under the authority of paragraph (3), the Secretary shall provide grants to Native Hawaiian organizations for the purpose of developing the management capabilities of such organizations to plan and operate the health promotion and disease prevention program that is to be established under contracts entered into under subsection (a).

(2) The total amount of grants that may be made to any Native Hawaiian organization under paragraph (1) shall not exceed $75,000.

(3) There are authorized to be appropriated $600,000 for fiscal year 1987, and each fiscal year thereafter, for the purpose of funding grants under paragraph (1).

(d)(1) The Secretary is authorized to enter into an agreement with any Native Hawaiian organization (or any Native Hawaiian educational institution) under which the Secretary is authorized to assign personnel of the Department of Health and Human Services with expertise identified by such Native Hawaiian organization (or such Native Hawaiian educational institution) to such Native Hawaiian organization (or to such Native Hawaiian educational institution) on detail for the purpose of providing education in health promotion and disease prevention to Native Hawaiian children who are underserved.

(2) Any assignment of personnel made by the Secretary under any agreement entered into under the authority of paragraph (1) shall be treated as an assignment of Federal personnel to a local government that is made in accordance with subchapter VI of chapter 33 of title 5, United States Code.

(e)(1) The Secretary shall establish in the State of Hawaii, as a demonstration project, a Native Hawaiian Program for Health Promotion and Disease Prevention for the purpose of exploring ways to meet the unique health care needs of Native Hawaiians.

(2) The demonstration program that is to be established under paragraph (1) shall—

(A) provide necessary preventive-oriented health services, including health education and mental health care,

(B) develop innovative training and research projects,

(C) establish cooperative relationships with the leadership of the Native Hawaiian community, and

(D) ensure that a continuous effort is made to establish programs which can be of direct benefit to other Native American people.

(3) The Secretary is authorized to enter into contracts with Native Hawaiian organizations for the purpose of assisting the Secretary in meeting the objectives of the demonstration program that is to be established under paragraph (1).

(4) The Secretary shall submit to the Congress an annual report on the status and accomplishments of the program during each of the fiscal years 1987, 1988, and 1989.

(5) There are authorized to be appropriated $500,000 for each of the fiscal years 1987, 1988, and 1989, for the purpose of carrying out the provisions of this subsection.

(f)(1) The Secretary shall include in any contract which the Secretary enters into with any Native Hawaiian organization under this section such conditions as the Secretary considers necessary to ensure that the objectives of such contract are achieved.

(2) The Secretary shall develop procedures to evaluate compliance with, and performance of, contracts entered into by Native Hawaiian organizations under this section.

(3) The Secretary shall conduct an annual onsite evaluation of each Native Hawaiian organization which has entered

into a contract under this section for purposes of determining the compliance of such organization with, and evaluating the performance of such organization under, such contract.

(4) If, as a result of the evaluations conducted under paragraph (3), the Secretary determines that a Native Hawaiian organization has not complied with or satisfactorily performed a contract entered into under this section, the Secretary shall, prior to renewing such contract, attempt to resolve the areas of noncompliance or unsatisfactory performance and modify such contract to prevent future occurrences of such noncompliance or unsatisfactory performance. If the Secretary determines that such noncompliance or unsatisfactory performance cannot be resolved and prevented in the future, the Secretary shall not renew such contract with such organization and is authorized to enter into a contract under this section with another Native Hawaiian organization that serves the same population of Native Hawaiians which is served by the Native Hawaiian organization whose contract is not renewed by reason of this paragraph.

(5) In determining whether to renew a contract entered into with a Native Hawaiian organization under this section, the Secretary shall—

(A) review the records of the Native Hawaiian organization and the reports submitted by the Advisory

Board under subsection (b)(3)(B) with respect to such organization, and

(B) shall consider the results of the onsite evaluations conducted under paragraph (3).

(6) All contracts entered into by the Secretary under this section shall be in accordance with all Federal contracting laws and regulations except that, in the discretion of the Secretary, such contracts may be negotiated without advertising and need not conform to the provision of the Act of August 24, 1935 (40 U.S.C. 270a, et seq.).

(7) Payments made under any contract entered into under this section may be made in advance, by means of reimbursement, or in installments and shall be made on such conditions as the Secretary deems necessary to carry out the purposes of this section.

(8) Notwithstanding any other provision of law, the Secretary may, at the request or consent of a Native Hawaiian organization, revise or amend any contract entered into by the Secretary with such organization under this section as necessary to carry out the purposes of this section, except that whenever such organization requests retrocession of any contract entered into under this section, such retrocession shall become effective upon a date specified by the Secretary that is not more than 120 days after the date of the request

by such organization or at such later date as may be mutually agreed to by the Secretary and such organization.

(9)(A) For each fiscal year during which a Native Hawaiian organization receives or expends funds pursuant to a contract entered into under this section, such organization shall submit to the Secretary a quarterly report on—

(i) activities conducted by the organization under the contract,

(ii) the amounts and purposes for which Federal funds were expended, and

(iii) such other information as the Secretary may request.

(B) The reports and records of any Native Hawaiian organization which concern any contract entered into under this section shall be subject to audit by the Secretary and the Comptroller General of the United States.

(10) The Secretary shall allow as a cost of any contract entered into under this section the cost of an annual private audit conducted by a certified public accountant.

(11) The authority of the Secretary to enter into contracts under this section shall be to the extent, and in amounts, provided for in appropriation Acts.

COMMUNITY HEALTH CENTERS; NATIONAL HEALTH SERVICE CORPS PROGRAM

SEC. 4. (a)(1) The Secretary is authorized—

(A) to designate Native Hawaiians as a medically underserved population for purposes of section 330 of the Public Health Service Act (42 U.S.C. 254c),

(B) to provide planning grants (no more than 8 in number and of no more than $100,000 per grant) to Native Hawaiian organizations, or to any organization of health care professionals serving Native Hawaiians, for the purpose of planning community health centers to serve the health needs of Native Hawaiian communities, and

(C) to establish community health centers under section 330 of such Act to serve the health needs of Native Hawaiian communities.

(2) The Secretary shall consult with the Governor of Hawaii regarding any grants that may be made under section 330(c)(1) of the Public Health Service Act (42 U.S.C. 254c(c)(1)), or under paragraph (1)(B), for the planning and developing of community health centers to serve the health needs of Native Hawaiian communities.

(3) In addition to any other amounts authorized to be appropriated for carrying out section 330 of the Public Health Service Act, there are authorized to be appropriated for fiscal year 1987—

(A) $800,000 for the purpose of providing planning grants authorized under paragraph (1)(B), and

(B) $2,800,000 for the purpose of establishing under section 330 of the Public Health Service Act no more than 8 community health centers to serve the health needs of Native Hawaiian communities,

such sums to remain available until expended, without fiscal year limitation. No more than $350,000 of the funds authorized to be appropriated under subparagraph (B) may be expended for each community health center.

(b) The Secretary is authorized to designate Native Hawaiians as a population group which has a health manpower shortage for purposes of subpart II of part C of title III of the Public Health Service Act.

HEALTH SERVICE SCHOLARSHIP PROGRAM

SEC. 5. (a) Subject to the availability of funds appropriated under the authority of subsection (c), the Secretary shall provide scholarship assistance to students who—

(1) meet the requirements of section 338A(b) of the Public Health Service Act (42 U.S.C. 254l(b)), and

(2) are Native Hawaiians.

(b) The scholarship assistance provided under subsection (a) shall be provided under the same terms and subject to the same conditions, regulations, and rules that apply to scholarship assistance provided under section 338A of the Public Health Service Act (42 U.S.C. 254l).

(c) There are authorized to be appropriated $1,800,000 for fiscal year 1987, and for each fiscal year thereafter, for the purpose of funding the scholarship assistance provided under subsection (a).

HEALTH CARE REFERRAL SERVICES FOR NATIVE HAWAIIANS

SEC. 6. (a)(1) The Secretary shall enter into contracts with Native Hawaiian organizations for the provision of health care referral services for Native Hawaiians. Any such contract shall include requirements that the Native Hawaiian organization successfully undertake to—

(A) determine the population of Native Hawaiians who are, or could be, recipients of health care referral services,

(B) determine the current health status of Native Hawaiians served by the Native Hawaiian organization,

(C) determine the current health care needs of Native Hawaiians served by the Native Hawaiian organization,

(D) identify all public and private health services resources which are, or could be, available to Native Hawaiians,

(E) determine the use of public and private health services resources by Native Hawaiians,

(F) assist Native Hawaiians in becoming familiar with such health services resources and in utilizing such health services resources,

(G) provide basic health education to Native Hawaiians, including education in health promotion and disease prevention through a community health outreach program that uses Native Hawaiian community health outreach workers,

(H) establish and implement manpower training programs to accomplish the referral and education tasks set forth in subparagraphs (F) and (G),

(I) identify any disparity between the health needs of Native Hawaiians that are not being met and the resources available to meet such needs, and

(J) make recommendations to the Secretary and Federal, State, local, and other resource agencies on methods of improving health service programs to meet the needs of Native Hawaiians.

(2) The Secretary shall prescribe regulations which provide the criteria for selecting Native Hawaiian organizations with which contracts are entered into under this subsection. Such criteria shall, among other factors, include—

(A) the extent of the health care needs of Native Hawaiians served by the Native Hawaiian organization that are not being met,

(B) the size of the Native Hawaiian population served by the Native Hawaiian organization,

(C) the accessibility to, and utilization of, health care services by Native Hawaiians served by the Native Hawaiian organization,

(D) the extent, if any, to which the activities that are required to be undertaken under paragraph (1) would duplicate—

(i) any previous or current public or private health services project that was, or is, funded by any means other than a contract entered into under this section, or

(ii) any project funded by means of a contract entered into under this section,

(E) the capability of the Native Hawaiian organization to—

(i) perform the activities that are required to be undertaken under paragraph (1), and

(ii) enter into a contract with the Secretary under this subsection,

(F) the satisfactory performance and successful completion by the Native Hawaiian organization of other contracts entered into with the Secretary under this section,

(G) the appropriateness and likely effectiveness of conducting the activities that are required to be undertaken under paragraph (1), and

(H) the extent of existing participation, or likely future participation, in the activities that are required to be undertaken under paragraph (1) by appropriate health and health-related Federal, State, local, and other agencies.

(b)(1) The Secretary may enter into contracts under this subsection with Native Hawaiian organizations which have not entered into a contract with the Secretary under subsection (a). The purpose of entering into a contract under this subsection shall be to determine—

(A) the matters described in paragraph (2) in order to assist the Secretary in assessing the health status and health care needs of Native Hawaiians served by the Native Hawaiian organization, and

(B) whether the Secretary should enter into a contract under subsection (a) with the Native Hawaiian organization.

(2) Any contract entered into by the Secretary under this subsection shall include requirements that the Native Hawaiian organization—

(A) document the health care status and health care needs of Native Hawaiians served by the Native Hawaiian organization,

(B) with respect to Native Hawaiians served by the Native Hawaiian organization, determine the matters described in subparagraphs (B), (C), (D), and (H) of subsection (a)(2), and

(C) complete performance of the contract within one year after the date on which the Secretary and the Native Hawaiian organization enter into such contract.

(c)(1) The Secretary shall include in any contract which the Secretary enters into with any Native Hawaiian organization under this section such conditions as the Secretary considers necessary to encourage the establishment of programs which make health care services more accessible to Native Hawaiians.

(2) The Secretary shall develop procedures to evaluate compliance with, and performance of, contracts entered into by Native Hawaiian organizations under this section. Such procedures shall include provisions for carrying out the requirements of this section.

(3) The Secretary shall conduct an annual onsite evaluation of each Native Hawaiian organization which has entered into a contract under subsection (a) for purposes of determining the compliance of such organization with, and evaluating the performance of such organization under, such contract.

(4) If, as a result of the evaluations conducted under paragraph (3), the Secretary determines that a Native Hawaiian organization has not complied with or satisfactorily performed a contract entered into under subsection (a), the

Secretary shall, prior to renewing such contract, attempt to resolve the areas of noncompliance or unsatisfactory performance and modify such contract to prevent future occurrences of such noncompliance or unsatisfactory performance. If the Secretary determines that such noncompliance or unsatisfactory performance cannot be resolved and prevented in the future, the Secretary shall not renew such contract with such organization and is authorized to enter into a contract under subsection (a) with another Native Hawaiian organization that serves the same population of Native Hawaiians which is served by the Native Hawaiian organization whose contract is not renewed by reason of this paragraph.

(5) In determining whether to renew a contract entered into with a Native Hawaiian organization under subsection (a), or whether to enter into a contract with a Native Hawaiian organization under subsection (a) which has completed performance of a contract entered into under subsection (b), the Secretary shall—

(A) review the records of the Native Hawaiian organization and the reports submitted under subsection (e), and

(B) in the case of a renewal of a contract entered into under subsection (a), shall consider the results of the onsite evaluations conducted under paragraph (3).

(d)(1) No contract entered into under this section may provide for a total amount of payments under the contract by the Federal Government that exceeds $125,000.

(2) All contracts entered into by the Secretary under this section shall be in accordance with all Federal contracting laws and regulations except that, in the discretion of the Secretary, such contracts may be negotiated without advertising and need not conform to the provision of the Act of August 24, 1935 (40 U.S.C. 270a, et seq.).

(3) Payments made under any contract entered into under this section may be made in advance, by means of reimbursement, or in installments and shall be made on such conditions as the Secretary deems necessary to carry out the purposes of this section.

(4) Notwithstanding any other provision of law, the Secretary may, at the request or consent of a Native Hawaiian organization, revise or amend any contract entered into by the Secretary with such organization under this section as necessary to carry out the purposes of this section, except that whenever such organization requests retrocession of any contract entered into under this section, such retrocession shall become effective upon a date specified by the Secretary that is not more than 120 days after the date of the request by such organization or at such later date as may be mutually agreed to by the Secretary and such organization.

(5) All contracts entered into under this section with Native Hawaiian organizations, and all regulations prescribed under this section, shall include provisions to assure the fair and uniform provision to Native Hawaiians of health care referral services and assistance under such contracts by such organizations.

(e)(1) For each fiscal year during which a Native Hawaiian organization receives or expends funds pursuant to a contract entered into under this section, such organization shall submit to the Secretary a quarterly report on—

(A) in the case of a contract entered into under subsection (b), disparities identified and recommendations made under subparagraphs (I) and (J) of subsection (a)(1),

(B) activities conducted by the organization under the contract,

(C) the amounts and purposes for which Federal funds were expended, and

(D) such other information as the Secretary may request.

(2) The reports and records of any Native Hawaiian organization which concern any contract entered into under this section shall be subject to audit by the Secretary and the Comptroller General of the United States.

(3) The Secretary shall allow as a cost of any contract entered into under subsection (a) the cost of an annual private audit conducted by a certified public accountant.

(f)(1) The authority of the Secretary to enter into contracts under this section shall be to the extent, and in an amount, provided for in appropriation Acts.

(2) There are authorized to be appropriated $625,000 for fiscal year 1987, and for each fiscal year thereafter, for the purpose of funding contracts entered into under this section.

ACCESS TO MEDICARE AND MEDICAID SERVICES

SEC. 7. (a) The Secretary shall, in consultation with Native Hawaiian organizations, conduct a study of any barriers which may exist to the participation of Native Hawaiians in programs established under title XVIII of the Social Security Act (medicare) or under title XIX of the Social Security Act (medicaid).

(b) By no later than the date which is one year after the date of enactment of this Act, the Secretary shall submit to the Congress a report on the study conducted under subsection (a). Such report shall include—

(1) recommendations for legislation which—

(A) would remove any barriers to participation identified in such study, and

(B) would encourage participation by Native Hawaiians in the programs described in subsection (a), and

(2) estimates of—

(A) the potential number of Native Hawaiians eligible for medicare,

(B) the potential number of Native Hawaiians eligible for medicaid,

(C) the number of Native Hawaiians participating in the medicare program, and

(D) the number of Native Hawaiians participating in the medicaid program.

GENERAL AUTHORIZATION

SEC. 8. There are authorized to be appropriated for fiscal year 1987, and for each fiscal year thereafter, such sums as may be necessary to carry out the provisions of this Act for which a specific authorization of appropriations is not otherwise provided for in this Act.

PACIFIC BASIN DISEASE RESEARCH INSTITUTE

SEC. 9. (a) The Secretary shall make a grant under section 720(a)(1) of the Public Health Service Act to the University of Hawaii in Honolulu, Hawaii, for the construction of a building for a Pacific Basin disease research institute. Notwithstanding sections 702(b) and 721(c) of such Act, the Secretary is not required to secure the advice of the National

Advisory Council on Health Professions Education with respect to such grant.

(b) The Federal share of the necessary costs of construction, as determined by the Secretary, of the building described in subsection (a), shall be 50 percent.

(c) To carry out this section, there are authorized to be appropriated $5,000,000. Amounts appropriated under this section shall remain available until expended.

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II

100TH CONGRESS
1ST SESSION

S. 360

To improve the education status of Native Hawaiians, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JANUARY 21 (legislative day, JANUARY 20), 1987

Mr. INOUYE (for himself and Mr. MATSUNAGA) introduced the following bill; which was read twice and referred to the Select Committee on Indian Affairs

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A BILL

To improve the education status of Native Hawaiians, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. The Congress finds and declares that—

(1) the Federal Government retains the legal responsibility to enforce the administration of the State of Hawaii's public trust responsibility for the betterment of the conditions of Native Hawaiians;

(2) in furtherance of the responsibility for the betterment of the conditions of Native Hawaiians, Congress has the power to specially legislative for the benefit of Native Hawaiians;

(3) the attainment of educational success is critical to the betterment of the conditions of Native Hawaiians;

(4) it is the policy of the Federal Government to encourage the maximum participation of Native Hawaiians in the planning and management of Native Hawaiian Education Programs;

(5) Native Hawaiians students score below national norms on standardized education achievement tests;

(6) both public and private schools show a pattern of low percentages of Native Hawaiian students in the uppermost achievement levels and in gifted and talented programs;

(7) Native Hawaiian students are over-represented among those qualifying for special education programs provided to learning disabled, educable mentally retarded, handicapped, and other such students; and

(8) Native Hawaiians are disproportionately represented in many negative social and physical statistics, indicative of special educational needs—

(A) lower educational attainment among Native Hawaiians has been found to relate to lower socioeconomic outcomes;

(B) Native Hawaiian students are disproportionately under-represented in Institutions of Higher Education;

(C) Native Hawaiians are under-represented in both traditional white collar professions, health care professions, and the newly emerging technology based professions and are over-represented in service occupations;

(D) Native Hawaiians are beset with multiple health problems;

(E) Native Hawaiian children are disproportionately victimized by child abuse and neglect, a signal of family stress; and

(F) there are and will continue to be geographically rural, isolated areas with a high Native Hawaiian population density.

(9) Special efforts in education recognizing the unique cultural and historical circumstances of Native Hawaiians are required.

PURPOSE

SEC. 2. It is the purpose of this Act to—

(1) authorize and develop supplemental educational programs to benefit Native Hawaiians,

(2) provide direction and guidance to appropriate Federal, State, and local agencies to focus resources,

including those made available by this Act on the problem of Native Hawaiian education, and

(3) supplement and expand existing programs and authorities in the area of education to further the purposes of this Act.

NATIVE HAWAIIAN MODEL CURRICULUM IMPLEMENTATION PROJECT

SEC. 3. (a) In order to implement the Kamehameha Elementary Education Program (KEEP) model curriculum developed by the Kamehameha Elementary Demonstration School in appropriate public schools, the Secretary shall make direct grants to—

(1) the State of Hawaii (University of Hawaii) for comprehensive teacher training;

(2) the State of Hawaii (Department of Education) for educational support services;

(3) the Kamehameha Schools/Bernice Pauahi Bishop Estate for continued research and development; and

(4) the Kamehameha Schools/Bernice Pauahi Bishop Estate and the State of Hawaii for the establishment of long-term followup and assessment activities.

(b) By no later than school year 1992–1993, the Secretary shall assure that the State of Hawaii (Department of

Education) has implemented the KEEP model curriculum in a minimum of twenty public schools.

(c) There is authorized to be appropriated $3,000,000 for fiscal year 1988, and such sums as may be necessary for fiscal years 1989 through 1993. Of the amounts appropriated, no more than 10 per centum may be used for administrative purposes. Such sums shall remain available until expended.

NATIVE HAWAIIAN FAMILY BASED EDUCATION CENTERS

SEC. 4. (a) The Secretary shall make direct grants to Native Hawaiian Organizations (including Native Hawaiian Educational Organizations) to develop and operate a minimum of eleven Family-Based Education Centers throughout the Hawaiian Islands; such centers shall include—

(1) Parent-Infant programs (prenatal through age 3);

(2) Preschool programs for four and five year-olds;

(3) continued research and development; and

(4) a long term followup and assessment program.

(b) In addition to any other amount authorized for such centers, there is authorized to be appropriated $2,400,000 for fiscal year 1988, and such sums as may be necessary for fiscal years 1989 through 1993. Of the amounts appropriated, no more than 10 per centum may be used for administrative purposes. Such sums shall remain available until expended.

NATIVE HAWAIIAN HIGHER EDUCATION DEMONSTRATION PROGRAM

SEC. 5. (a) The Secretary shall make grants to the Kamehameha Schools/Bernice Pauahi Bishop Estate for a demonstration program to provide Higher Education fellowship assistance to Native Hawaiian students. The demonstration program under this section may include—

(1) full or partial fellowship support for Native Hawaiian students enrolled at an accredited two or four year degree granting institution of higher education with awards to be based on academic potential and financial need;

(2) counseling and support services for such students receiving fellowship assistance pursuant to subsection (a)(1) of this section;

(3) college preparation and guidance counseling at the secondary school level for students who may be eligible for fellowship assistance pursuant to subsection (a)(1) of this section; and

(4) appropriate research and evaluation of the activities authorized by this section.

(b) The Secretary shall make grants to the Kamehameha Schools/Bernice Pauahi Bishop Estate for a demonstration project of fellowship assistance for Native Hawaiian students in post-bachelor degree programs. Such project may include—

(1) full or partial fellowship support for Native Hawaiian students enrolled at an accredited post-bachelor degree granting institution of higher education, with priority given to professions in which Native Hawaiians are under-represented and with awards to be based on academic potential and financial need;

(2) counseling and support services for such students receiving fellowship assistance pursuant to subsection (b)(1) of this section; and

(3) appropriate research and evaluation of the activities authorized by this section.

(c) For purposes of subsection (b) fellowship conditions shall be established whereby recipients obtain an enforceable contract obligation to provide their professional services, either during their fellowship or upon completion of post-bachelor degree program, to the Native Hawaiian community within the State of Hawaii.

(d) There is authorized to be appropriated $1,250,000 for fiscal year 1988 and for each succeeding fiscal year through 1993 for the purpose of funding the fellowship assistance demonstration project under subsection (a). There is authorized to be appropriated $750,000 for fiscal year 1988 and for each succeeding fiscal year through 1993 for the purpose of funding the fellowship assistance demonstration project provided under subsection (b). Of the amounts appropriated no more than 10 per centum of the funds may be used for administrative purposes. Such sums shall remain available until expended.

NATIVE HAWAIIAN GIFTED AND TALENTED DEMONSTRATION PROGRAM

SEC. 6. (a) The Secretary shall make grants to and enter into contracts with the State of Hawaii, including its junior or community colleges, and/or the Kamehameha Schools/Bernice Pauahi Bishop Estate for demonstration projects designed to address the special needs of Native Hawaiian gifted and talented elementary and secondary school students.

(b) Demonstration projects under this section may include—

(1) the identification of the special needs of gifted and talented students who are eligible for assistance under this Act, with a priority for early identification, particularly at the elementary school level;

(2) the conduct of educational activities which hold reasonable promise of making substantial progress toward meeting the educational needs of such gifted and talented children;

(3) the use of public television in meeting the special educational needs of such gifted and talented children;

(4) leadership programs designed to replicate programs for such children throughout the State of Hawaii, including the dissemination of information derived from the demonstration projects conducted under this section; and

(5) appropriate research, evaluation and related activities pertaining to the needs of such children.

(c) In addition to any other amount authorized for such project, there is authorized to be appropriated $1,000,000 for fiscal year 1988 and for each succeeding fiscal year through fiscal year 1993. Of the amounts appropriated, no more than 10 per centum shall be used for administrative purposes. Such sums shall remain available until expended.

NATIVE HAWAIIAN SPECIAL EDUCATION PROGRAM

SEC. 7. (a) The Secretary shall make grants to and enter into contracts with the State of Hawaii, and/or Native Hawaiian Organizations, to operate projects to address the special education needs of Native Hawaiian students. Such projects may include—

(1) the identification of Native Hawaiian children who are learning disabled, mentally or physically handicapped, educable mentally retarded, or otherwise in need of special educational services;

(2) the conduct of educational activities which hold reasonable promise of making substantial progress toward meeting the educational needs of Native Hawaiian children who are identified as being learning disabled, mentally or physically handicapped, educable mentally retarded, or otherwise in need of special educational services; and

(3) appropriate research, evaluation and related activities pertaining to the needs of such children.

(b) In addition to any other amount authorized for such project, there is authorized to be appropriated $1,500,000 for fiscal year 1988 and for each succeeding fiscal year through 1993. Of the funds appropriated, no more than 10 per centum shall be used for administrative purposes. Such sums shall remain available until expended.

MISCELLANEOUS

SEC. 8. (a) No grant may be made, nor any contract be entered into under this Act, unless an application is submitted to the Secretary in such form, in such manner, and containing such information as the Secretary may determine necessary to carry out the provisions of this Act.

(b) Each application shall be accompanied by the comments of each local educational agency serving students who will participate in the project for which assistance is sought.

DEFINITIONS

SEC. 9. For purposes of this Act—

(1) the term "Native Hawaiian" means any individual who is—

(A) a citizen of the United States,

(B) a resident of the State of Hawaii, and

(C) a decendant of the aboriginal people, who prior to 1778, occupied and exercised sovereignty in the area that now comprises the State of Hawaii, as evidenced by—

(i) genealogical records,

(ii) Kupuna (elders) or Kama'aina (long-term community residents) verification, or

(iii) birth records of the State of Hawaii;

(2) the term "Secretary" means the Secretary of Education;

(3) the term "Native Hawaiian Educational Organization" means a private nonprofit organization that—

(A) serves the interests of Native Hawaiians,

(B) has a demonstrated expertise in the education of Native Hawaiian youth, and

(C) has demonstrated expertise in research and program development;

(4) the term "Native Hawaiian Organization" means a private nonprofit organization that—

(A) serves the interests of Native Hawaiians, and

(B) is recognized by the Governor of Hawaii for the purpose of planning, conducting, or administering programs (or portion of programs) for the benefit of Native Hawaiians;

(5) the term "elementary school" has the same meaning given that term under section 198(a)(10) of the Elementary and Secondary Education Act;

(6) the term "local educational agency" has the same meaning given that term under section 198(a)(10) of the Elementary and Secondary Education Act; and

(7) the term "secondary school" has the same meaning given that term under section 198(a)(7) of the Elementary and Secondary Education Act.

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The CHAIRMAN. Before I call our first witness, I would like to introduce to you the senior Congressman from the State of Hawaii, the Honorable Daniel Akaka, and ask if he has any remarks.

STATEMENT OF HON. DANIEL K. AKAKA, MEMBER OF CONGRESS FROM HAWAII

Mr. AKAKA. Thank you very much, Mr. Chairman.

Senator Inouye and members of the Select Committee on Indian Affairs, it is a special honor and a privilege for me to be here today to render support for S. 136, a bill to improve the health status of Native Hawaiians, and S. 360, a bill to improve the education status of Native Hawaiians.

I want to first of all take this opportunity to congratulate you, Senator Inouye, for your appointment to the chair of this important Select Committee on Indian Affairs. With you at the helm, I am confident that American's Native Americans, both Indians and Native Hawaiians, will be well served.

I want also to take this opportunity to thank and welcome the many guests who have come today to present their testimony on the proposed legislation. They represent what I believe to be a distinguished group of people, and I know that their remarks will be well taken.

Mr. Chairman, in the interests of time, I would like to keep my remarks brief. May I request the committee's permission to have my prepared remarks included in the hearing record?

The CHAIRMAN. Without objection, so ordered.

Mr. AKAKA. I would simply, Mr. Chairman, like to say that the measures which are before us today are of extreme importance to all who support the fulfillment of human potential. The severe health and educational status of our Native Hawaiians are problems that have gnawed at our country for far too long. We must recognize the special needs of this native group, and we must stand ready to work with them to ensure that those needs are effectively addressed.

The measures before us provide promising options for the Congress. They are comprehensive, innovative, prudent, and, most importantly, responsive, and they are fundamentally sound in their efforts to ensure that existing native programs remain undisturbed.

At a time when our nation's competitive power is on the decline, our attention should be focused on strengthening our domestic base. Surely, our people can compete only if they have been provided with the means to achieve. Sound education and strong health are perhaps the most fundamental tools that America can offer its citizens.

Native Hawaiians, as citizens of this great Nation, are in desperate need of those tools. In forsaking them, we simply forsake ourselves.

I urge the committee's favorable consideration of both S. 136 and S. 360, and may I assure you, Senator, that I will do everything in my power to promote the intent of this legislation in the House of Representatives. Indeed, I have already introduced companion versions in the House, and I am prepared to move ahead with those bills as expeditiously as possible.

Thank you very much.

[Prepared statement of Mr. Akaka appears in the appendix.]

The CHAIRMAN. Thank you very much, Congressman Akaka.

Before proceeding with the first witness, I am pleased to introduce to all of you a few of our staff members on the Indian Affairs Committee. We are pleased to have with us the chief counsel of the committee, Dr. Patricia Zell, sitting to my left. To my right is Ms. Virginia Boylan, the special counsel to the committee, and as legislative assistant to the committee is Mrs. Ipolani Lung, a daughter of Hawaii.

Our first witness is a very dear friend of mine. She is now the Chairman of the State Senate Higher Education Committee, the Honorable Malama Solomon.

It is good to have you with us, Malama.

STATEMENT OF HON. MALAMA SOLOMON, CHAIRMAN, STATE SENATE HIGHER EDUCATION COMMITTEE

Ms. SOLOMON. Thank you very much, Senator Inouye and Congressman Akaka.

For the committee's consideration, I can either read my testimony or, if the committee would prefer, the remarks can be entered and, if the committee would like to at this time, I would be prepared to answer any questions.

The CHAIRMAN. Without objection, your full statement will be made part of the record.

Ms. SOLOMON. Thank you.

The CHAIRMAN. Would you like to just briefly tell us some of your thoughts?

Ms. SOLOMON. Yes; thank you very much.

As the committee has indicated according to Congressman Akaka's remarks, the Native Hawaiians rank among the highest for many disease incidences, and I am testifying on behalf and in support of S. 136. They have the lowest life expectancy, high infant mortality, high rates of diabetes, heart disease, suicide, and cancer. Of course, for the committee, the statistics can go on and on.

It is for this reason that I speak in favor of S. 136. The bill provides for a comprehensive approach to resolving health problems among Native Hawaiians and Hawaiian communities. It also recognizes the importance of incorporating Hawaiian cultural values and practices as alternatives to Western medical care. The bill will provide funding for special illness prevention and health promotion programs, health scholarships to encourage young people to enter the health professions, and health care referral services.

Another very important feature of this bill is that it requires Native Hawaiians to be involved at the outset of the planning. I think that this is very, very crucial. I think that Native Hawaiians have been ignored in the planning processes, and I think that this will provide an excellent opportunity to become involved so that they can determine the destiny of their own health care.

As you know, I got my political start as a trustee of the Office of Hawaiian Affairs, so I have worked in the Hawaiian communities not only politically but also on the social level. I think that it is imperative that these bills have the favorable consideration of the U.S. Congress.

I also would like to testify in favor of S. 360. This is a bill to improve the educational status of Native Hawaiians by developing supplemental educational programs, focusing resources, and by supplementing and expanding existing programs.

Mr. Chairman, as you know, although the State of Hawaii has made a valiant attempt to resolve and help the Native Hawaiian communities educationally, it is, however, almost just an impossibility because of the large funding required to make adequate and satisfactory educational opportunities a reality for the Hawaiian community. So, we need all the Federal financial support that we can possibly receive.

Also, I want to testify in favor of S. 360 because it will provide Native Hawaiian people with a chance to alter their educational status by providing support for five major programs.

(1) A Native Hawiian model curriculum project—I think that this is very vital for recognizing that Native American peoples do have different learning styles. I think that this alternative native curriculum project will attest to that.

(2) A Native Hawaiian family based education center—I think that this is very important. I did my doctoral dissertation on this very subject. The model that I used for my doctoral dissertation was the Kuhio village in Waimea. It was quite obvious that there was no consistent articulation between values of the Hawaiian community and school values. I think that this Hawaiian family based education center will help to unite and bring these two entities closer together.

(3) A Native Hawaiian higher education demonstration project and program—I think this is vital.

In response to a Senate resolution that was passed last session, the University of Hawaii submitted a report on the status of the minority and, of course, the Native Hawaiians are still, as far as graduating, among the lowest. So, we do need a program of this sort.

(4) A Native Hawaiian gifted and talented student demonstration program—I think that this is vital, especially in our elementary schools because we do have many gifted Native Hawaiian children. Unfortunately, they may not be gifted in the Western articulated sense of being gifted and they may not perform to those kinds of goals. But in a very Hawaiian Polynesian sense, they are very gifted, and these attributes should be fostered and brought forth.

(5) A Native Hawaiian special education program—again, I would like to ask for support of this because I feel it is very important. We do have a lot of handicapped children, not only in the sense of being physically handicapped but also psychologically handicapped.

I would like to pledge my support, Mr. Chairman, on behalf of the Higher Education Committee of the Senate of the State of Hawaii. If I can be of any assistance in providing this committee with any information or offer our university to provide you with the resources, you just have to ask, and I will be very happy to accommodate you.

Thank you.

[Prepared statement of Ms. Solomon appears in the appendix.]

The **Chairman**. Your offer of assistance is gratefully received. It will be most helpful, and, especially noting your service as trustee of OHA, your assistance brings to this matter the standpoint of someone who knows what has happened thus far.

I would like to point out that the measure before us is the product of input from many sources. OHA has been most helpful, Alu Like has been very helpful, E Ola Mau has been extremely helpful, the University of Hawaii School of Public Health and the Medical Schools, also the Department of Health in Hawaii, and many, many other organizations have assisted. As I indicated earlier this afternoon, we are hoping that we can reach some consensus, because as soon as we get back to Washington, if a consensus is reached, I intend to mark this matter up and have it on the floor.

Ms. **Solomon**. Well, Mr. Chairman, if time permits, I would be very ready to come and testify if you need me.

The **Chairman**. Washington is lovely in March.

Ms. **Solomon**. I will be sure to tell the Senate President that. Thank you.

The **Chairman**. Thank you very much.

Before proceeding, without objection, the statements of the Honorable Spark Matsunaga and the Honorable Pat Saiki will be made part of the record.

[Prepared statement of Mr. Matsunaga appears in the appendix.]

The **Chairman**. Our next witness is the chairperson of the Committee on Health of the House of Representatives of the State of Hawaii, the Honorable James Shon.

Representative Shon, it is a pleasure to have you with us, sir.

STATEMENT OF HON. JAMES T. SHON, CHAIRMAN, HEALTH COMMITTEE, HAWAII STATE HOUSE OF REPRESENTATIVES

Mr. **Shon**. Thank you very much, Senator. Congressman, aloha.

Mr. **Akaka**. Aloha.

Mr. **Shon**. Your hearing is very well timed, because, as Chairman of the Committee on Health, we are now in the middle of decisionmaking for a number of programs that are pertinent to this bill, and I can report that we strongly concur with the findings of this bill.

As you know, for thousands of years, the Pacific Ocean isolated Polynesian people from many disease agents and vectors left behind when they sailed away from the continents. Modern transportation has quickly broken down that barrier, but disease resistance may take many generations to build up. S. 136 is precisely what is needed to ensure a healthful future for the first arrivals to the Hawaiian Islands.

Section 9 proposes that a Pacific Basin disease research institute be constructed at the University of Hawaii with 50 percent Federal cost sharing. Indeed, there are Native Americans throughout Pacific territories and the Commonwealth of the Northern Marianas that would benefit greatly from such a research facility in Hawaii. Indeed, funds for research of particular importance to the State have often been hard to find in health areas, so we really welcome any assistance we can receive in providing funds for research pertinent to our people.

My main concern is that the very high cost of capital improvements for such an institution might compete with providing services to the beneficiaries. Thus, special efforts may be needed to secure research facility funding without subtracting from funds required to fulfill the needs of Native Hawaiians.

Our House Committee on Health is currently supporting a number of projects which would impact on Native Hawaiians or on areas with high populations of Native Hawaiians. Some of the organizations we are lending support to are here today to testify later.

Among our efforts are to provide additional funds to the State Department of Health for research of importance to the State. The Director of Health has already indicated that the health of Native Hawaiians is among his highest priorities, and I am sure he will be telling you more about that immediately.

Our efforts also include: additional funds to support the Waianae Coast Comprehensive Health Center and their plans for expansion; additional funds for child abuse prevention targeted to low income areas which often have a high percentage of Hawaiians; programs for health education and nutrition counseling targeted toward groups on West Kauai and encouraging the traditional Hawaiian diet as an alternative to the junk foods of modern life; and also programs to encourage conflict resolution in communities where violence may be prevalent.

We are, therefore, very pleased to lend our encouragement and support to your efforts, and if we can be of any help in bringing more community support and focus to this issue in any way, please call upon us.

On behalf of myself and the House Health Committee, mahalo for this opportunity.

[Prepared statement of Mr. Shon appears in the appendix.]

The CHAIRMAN. Thank you very much. The support of the House committee is most crucial to our endeavor here, and I can assure you that your statement will be extremely helpful.

I thank you very much, sir.

Our next witness is the Director of the State Department of Health, Dr. John Lewin.

First of all, congratulations on your appointment, and, second, welcome to the committee, sir.

STATEMENT OF JOHN LEWIN, DIRECTOR, HAWAII STATE DEPARTMENT OF HEALTH

Dr. LEWIN. Thank you, Senator Inouye, Congressman Akaka, and members in absentia of the Senate Select Committee on Indian Affairs.

I would like to express the greetings of Governor Waihee to the members of the Senate select committee and to express how heartened he is that this legislation is being discussed by the Senate select committee and the United States Senate, and also to express his gratefulness at the expert leadership and guidance that Senator

Inouye provides for this important committee which also affects the Native Hawaiians.

As the new Director of Health of the Hawaii State Department of Health, I welcome this opportunity to testify in support of S. 136, to improve the health status of Native Hawaiians.

The timing of the bill is especially appropriate as the community and the Governor of our State have recognized this year as the "Year of the Hawaiian." The Governor, in his state of the State address mandated a program to improve the health status of the Hawaiian people and made a special emphasis of it in his comments.

The year is to recognize the accomplishments of our "Host" culture, the original people of these islands and their descendants. At the same time, we recognize the special groups of individuals who have fared poorly in these years of rapid change. Many of these are the Native Hawaiians.

You will hear again and again about how we have the best longevity statistics in this State of any State of the Union and, yet, among us the Native Hawaiians have some of the poorest longevity statistics. While we have all kinds of excellent health indicators in our State, it is the Native Hawaiian people that fare so poorly.

The Department of Health has begun to institute and develop new programs to combat unique problems, but more needs to be done in a manner which is tailored to a concerted effort on behalf of the Native Hawaiian population.

The documentation of health problems unique to Hawaiians has already begun. From a public health standpoint and from my prior work with the Navajo Indian people, the Native Americans with whom I worked for 7 years to help establish their department of health and to assist in some actual self-determination projects with them—I might also add that I am part Cherokee Indian myself—from these points of view, I am in accord with the approaches spelled out in this bill to involve the people who are most affected by it in the planning, in the management, in the guidance and direction of the program, and in the monitoring and evaluation of the preventive services that will come from it and the health care programs themselves that are aimed at making an impact upon what I would term the appalling health status of the Native Hawaiian people.

Further, with the general guidance and support of the proposed advisory committee and of the major organizational representatives of persons of Native Hawaiian ancestry, our State Department of Health, under the mandate of our new Governor, wishes to offer and involve the services, programs, and facilities of our more than 5,000 personnel statewide who are already located in every region and community within the State to further the purposes of the bill.

The Department wishes to make two recommendations:

First, the Department desires to become an active and fully involved participant, as guided by the Native Hawaiian people and their management organizations. Therefore, we ask that the term of membership on the advisory board for the Department be extended from 2 to 3 years because of the expertise that we can offer and the need for continuity of service.

The Department also expresses some concerns regarding the proposed section 9, Pacific Basin disease research institute. We recognize this is a very worthy and excellent part, an additional aspect, of our concerns regarding the poor health status of Native Hawaiians and also of the Pacific Islanders as well. We simply wish to reiterate that we do not wish to see this dilute the intended efforts for the Native Hawaiian people. With presumably limited funding available, our recommendation is to fund this section as a second priority and not at the expense of the main focus of the legislation.

On behalf of the Hawaiian State Department of Health, I, as its director, am very proud and pleased to strongly endorse S. 136, and I pledge to assist the committee in any way possible to bring it into being.

Thank you very much for the opportunity to testify.

[Prepared statement of Dr. Lewin appears in the appendix.]

The CHAIRMAN. Dr. Lewin, I thank you very much for your contribution.

It may be of some interest to the assemblage here that much as the statistics relating to Native Hawaiians are dismal and tragic, the health statistics that relate to Native American Indians are beyond the realm of belief. For example, throughout the United States, the American Indians have the worst health indicator statistics on diabetes. They have more suicides per capita in every age bracket than any other group in the United States, more alcoholism in every age group than any other ethnic group in the United States, and the greatest number of unemployed among any group in the United States.

The State of Hawaii at this time has an unemployment rate of about 4.5 percent, I believe, and the rate in the United States nationwide is about 6.5 percent. Among the blacks it is about 10.5 percent. But among the Indians on the reservations, the best numbers are 35 percent unemployment, and the worst are 95 percent unemployment.

So, we have our work cut out for us in our committee. I just wanted to point out to you that much as we are saddened by the Hawaiian statistics, we are just as overwhelmed by the Indian statistics, and we intend to do something about this.

I can assure you that the staff of this committee is committed and dedicated to help not only American Indians but all native Americans, and it may please you to know that one of our most recent actions taken was to include American Samoans as Native Americans, because legally and technically, they qualify as Native Americans.

Do you have any questions you want to ask, Congressman?

Mr. AKAKA. I also want to add my congratulations, Dr. Lewin. I have just one question. I may have missed it, but when you talked about diluting funds, did you make the statement that the State would be putting funds into this?

Dr. LEWIN. I noticed in that section that the State would make a matching fund commitment. However, I want to just emphasize that I really didn't have a great deal of opportunity to really learn about that section 9 and what the intentions of that are. I would like to commit the staff of the State Department of Health and our existing programs and services and facilities to incorporate in any way that we can the intent of this bill to carry forth with our services programs to our existing centers, to make full use of them under the guidance of the program managers of this program.

So, I would like to really emphasize that that is our commitment and the mandate the Governor has instructed us to carry forth.

In terms of that other section, we just really wanted to emphasize the need to bring the funds here for the Native Hawaiians here.

Mr. AKAKA. Thank you very much, doctor.

The CHAIRMAN. Throughout the many steps taken by the select committee on coming to this point, we have had the pleasure of working with the School of Public Health at the University of Hawaii. The School of Public Health has been extremely helpful. It has provided us with the expert resources necessary, and, therefore, it gives me great pleasure to call upon the Dean of the School of Public Health, Dr. Jerrold Michael.

Welcome, sir, and on behalf of the committee, thank you for all the help you have given us.

STATEMENT OF DR. JERROLD MICHAEL, DEAN, SCHOOL OF PUBLIC HEALTH, UNIVERSITY OF HAWAII

Dr. MICHAEL. Thank you, sir.

Congressman Akaka and Senator Inouye, if I may take a moment of personal privilege, I, as you know, worked for many years in the United States Public Health Service, and at one point, was a responsible official in the Indian health program. I take great pride in the accomplishments that have been made in that program and would like to make public record of the fact that much of that would not have been possible without the support of the senior Senator from the State of Hawaii.

I also take some personal pride, Senator, in the fact that you presented those Indian health data, which are accurate and up to date, without notes; a tribute to your understanding of the program. I and other Americans are most appreciative for your long term efforts on behalf of the American Indians and Alaska Natives.

As you also know, Senator, and Congressman, our school has a long history of cooperative efforts with colleagues in this community in regard to health programs for Native Hawaiians. I will not repeat much of the information which is part of my written testimony. That testimony describes the stark facts of comparison between the health data, health status, and health profile of the rest of our citizens and Native Hawaiians. Those facts, as well as the facts regarding the American Indians, are well known to both of you and members of the Select Committee on Indian Affairs.

We have been pleased to have the opportunity to participate in the recently detailed study of the health of Native Hawaiians. A number of our faculty were extremely active in that effort. We also have been pleased to have been able to participate in the health careers opportunity program which has reached out with special emphasis to recruit and train Native Hawaiians, and we pledge ourselves to continue that effort. We, of course, seek the support of this legislation as an additional mandate to do the kinds of things that are appropriate to change our student mix and increase the numbers of health professionals that are drawn from the Native Hawaiian community.

In the future, in addition to education, we also hope to energetically address the issues of needed research and inquiry in cooperation and collaboration with other groups, not only on campus but with those community groups that have a strong advocacy and orientation for the health of the Native Hawaiian like Alu Like and the Waianae Coast Comprehensive Health Center.

I should like to make mention, Senator, of an upcoming initiative of Governor Waihee to establish a Pacific Health Promotion and Development Center. He addressed this issue in a major presentation that he made at an international meeting in February on child survival and health leadership development.

That is conceived as a cooperative effort of the State Department of Health, the hospital and medical communities of Hawaii, the University of Hawaii, and the people of the Pacific—not a bricks and mortar center but, rather, a concept of bringing together all the resources that we can marshall to serve our own state—and it would certainly contribute to the health promotional efforts of our State—but also to reach out to the Pacific Basin.

Governor Waihee has stated that the mission of that center will be "identification and application of practical solutions to health care problems of the Pacific. It would provide continuing professional and technical education outreach, experiment with low cost efficient means of resolving major environmental and administrative problems, assist Pacific governments with long range health planning, and extend health promotional efforts."

As I noted this concept also focuses on the benefit that would accrue to the State of Hawaii and, in particular, that which could accrue to the Native Hawaiians. We, with the State Health Department, are pleased to be in the vanguard of those who are helping to formulate that concept.

One final comment, Senator and Congressman, in the prepared testimony, there was a comment about the Pacific Research Institute. In the prepared testimony there was a concern noted similar to the concern that Dr. Lewin has expressed. A further assessment of that issue resolves any question that we have about it, and we would fully support the concept of the development of that research institute as a necessary, important, and critical part of the mission of this bill.

I consider it a real privilege to be able to be present testimony in front of two such distinguished representatives of the State of Hawaii who have done so much to promote research, education, and service delivery in the field of health.

Thank you very much.

[Prepared statement of Dr. Michael appears in the appendix.]

The CHAIRMAN. Thank you very much, Dean Michael.

I am well aware of the Native Hawaiian student programs that you have in the School of Public Health and also in the Medical School. In fact, one of our witnesses is a product of that program.

How many students of Native Hawaiian ancestry do you now have on the campus in your school?

Dr. **Michael**. Approximately 10 Senator. That represents a smaller number than we want. The total student body is approximately 265.

We have to do a great deal more in our recruitment efforts, and those recruitment efforts have to start a great deal earlier. Thanks to you, Senator, a new grant for enhanced educational opportunity will permit us to do early recruitment at the community college level and also at the high school level. That holds a real potential of bringing these people into the area of opportunity at an early point in their lives. We expect to see results from that effort in the ensuing years.

The **Chairman**. I know that you have followed up on the future progress of your students. What percentage are now back in the community, the Native Hawaiian community?

Dr. **Michael**. We track every one of them, and they are back in the community, and they are working in the field for which they have been trained. I am extremely proud of that record, a record that parallels that of a number of under-represented people.

The **Chairman**. Thank you very much, sir.

Dr. **Michael**. Thank you, Senator.

The **Chairman**. Another institution that has been extremely helpful to this committee has been the School of Medicine of the University of Hawaii, and I am pleased to note the presence of our dean, Dr. Terrance Rogers.

Dr. Rogers, welcome, sir.

STATEMENT OF DR. TERRANCE ROGERS, DEAN, SCHOOL OF MEDICINE, UNIVERSITY OF HAWAII

Dr. **Rogers**. Thank you, Senator, Congressman, Dr. Zell.

I am very pleased to speak in strong support of the bill. The School of Medicine, from our very beginning, has had a strong interest in Hawaiian presence in the profession. Our first M.D. class of 1975 immediately doubled the number of Hawaiian physicians. Since then, we have graduated 56 Hawaiian physicians. We have 32 in the pipeline now.

This is a track record which stands by itself, so we will continue to help the Hawaiian health care community in any way that we can, including participation in administrative or advisory committees.

The **Chairman**. I thank you very much. It always thrills me to know that your track record is so good. As I indicated earlier, our next witness is going to be one of your prodigies, sir.

So, thank you very much for your contribution.

Now, we call upon a Native Hawaiian physician, Dr. Naleen Andrade of E Ola Mau.

Welcome, Dr. Andrade. It is always good to have you with us.

STATEMENT OF DR. NALEEN NAUPAKA ANDRADE, M.D., E OLA MAU

Dr. **Andrade**. Aloha 'auinala [good afternoon] Mr. Chairman and members of the Select Committee on Indian Affairs.

Today, I serve as the voice of E Ola Mau. I feel it is necessary for you to meet a small part of our group in order to appreciate the scope of our expertise in Native Hawaiian health care.

Kekuni Blaisdell, professor of medicine, internist, hematologist, kupuna lapa'au—Please stand, E Ola Mau members. Analika Victor, Masters in Public Health, community counselor, and Director of E Ola Mau; Fern Clarke, registered public health nurse for the Department of Health; Nanette Judd, registered nurse and coordinator for the Imi Ho'ola affirmative action program at the University of Hawaii Medical School; Momi Kama'u, registered public health nurse for the Department of Health; Ric Akau, internist, physiatrist, and gerontologist; Glenn Pang-Ching, professor of audiology; Claire Hughes, nutritionist for the Department of Health; Joanna Akau, dental hygienist for the Department of Health; Bill Rezentes, psychologist-in-training; Kuumeaaloha Gomes, licensed practical nurse and therapist at the Waianae Mental Health Clinic; and Chiyome Fukino, internist.

These are the members and only a few of a network of over 40 Native Hawaiian health professionals throughout the State of Hawaii.

The CHAIRMAN. These are the men and women that will help administer this program when it becomes law.

Dr. ANDRADE. Yes.

[Applause.]

Dr. ANDRADE. The Native Hawaiian Health Needs Study of 1985 documents the near-fatal physical, psychological, spiritual, and cultural devastation of Native Hawaiians since 1778. The devastation continues today and, if left unchecked, will result in the extinction of an entire race of people along with their culture and spiritual traditions.

E Ola Mau forms a statewide network encompassing every island, including the Native Hawaiian health care professionals who serve the people of Niihau. E Ola Mau's mission is to insure that we Native Hawaiians achieve lokahi and function effectively as citizens and leaders in our homeland. Lōkahi is the healthful harmony of the self—body, mind, and spirit—with others and all of nature. Lōkahi is the Hawaiian word for health promotion disease prevention.

To fulfill our mission, E Ola Mau is developing a comprehensive statewide Native Hawaiian health care master plan. The implementation of the master plan would involve activating and coordinating a functioning network of existing Federal, State, county, community, and private organizations.

At the core of this master plan are two founding principles: first, to alleviate suffering and promote, restore, and maintain lōkahi; and, second, the guiding force of the community network is based upon the Native Hawaiian 'ohana concept, that is, as a group member, each individual person or organization contributes their own expertise and resources to accomplish the task. The task is to address the health needs of our Hawaiian people.

To illustrate how E Ola Mau's master plan could work, I would like to give you a specific example.

High blood pressure or hypertension is a devastating disease for Native Hawaiians with its associated risk of heart disease, stroke, toxemia, end-stage renal disease, and death. Health surveillance data from the Department of Health show that Native Hawaiian women have the highest prevalence rates of high blood pressure when compared to other ethnicities in our State. Native Hawaiian men from ages 45 to 64 have the highest death rates from high blood pressure and stroke, 7.5 and 73.4 per 100,000 when compared to 1.6 and 42 per 100,000 respectively for non-Hawaiians. Full-blooded Native Hawaiian men age 65 and older die at exorbitantly higher rates from high blood pressure, 117 and 1130.6 per 100,000 when compared to 19 and 393 per 100,000 respectively for non-Hawaiians.

An analysis of geographical prevalence rates of hypertension indicate that Native Hawaiians in Honolulu have the highest rates. Part-Hawaiians in Kauai have moderately high rates, and Native Hawaiians on Moloka'i have a relatively low prevalence rate for hypertension. Pure Hawaiians in Wai'anae and Kauai have the highest rates, while pure Hawaiians on Moloka'i have relatively low rates.

Given this analysis of the hypertension problem, E Ola Mau would suggest addressing this problem in the following way:

From a genetic standpoint, we are dealing with full-blooded and part-Hawaiians. These can be separated into two major groups: first, those who have high blood pressure ages 35 and older and, second, those who are at risk for high blood pressure ages younger than 35.

Some key questions to evaluate and research would be: how to control high blood pressure, how to prevent it, and how to understand why it is high on Oahu, moderately high on Kauai, and low on Moloka'i.

Hypothetically, the following network could be activated: screening programs coordinated by the Department of Health, the Department of Hawaiian Homelands, and Alu Like could be initiated on every island. Hawaiian churches, canoe clubs, and community based organizations could be used as sites for screening. These screenings would be invaluable in accurately assessing the numbers of people with hypertension.

To address the questions of how to control, prevent, and understand the possible geographical correlation to hypertension, the following programs could be started: On Oahu, the Wai'anae Comprehensive Health Center in Wai'anae could coordinate a treatment program which would involve Native Hawaiian nurses and community outreach workers who would activate the Kupuna and Kahuna Lapa'au network of Hale Ola Ho'o Pakolea in Wai'anae, to gain the trust of those individuals with hypertension and get them involved in medical treatment.

They would also develop creative, culturally sensitive physical fitness programs like canoeing, taro planting, farming, and hiking which would build cultural identity, group cohesion, and self esteem.

Similar treatment programs would be coordinated in Honolulu by the Queen's Medical Center, Kaumaka Pili Church, and the Kalihi Palama Clinic. Nursing and medical students from the University of Hawaii who rotate through Queen's Medical Center could begin to learn how to be culturally sensitive in their delivery of services.

Queen's Medical Center could also work with E Ola Mau's sibling associations of Ho'ola Lahui on Kauai and Na Pu'uwai on Moloka'i to coordinate similar treatment programs on these islands.

Statewide nutrition programs could be developed and coordinated by the Department of Health with special focus on dispelling the myth that canned spam and Vienna sausages with mayonnaise, rice, and white bread are cheaper and more filling than fresh fruit, vegetables, fish, and poi [Native Hawaii staple, made of mashed taro] Teaching of these programs could be done by Native Hawaiian nutrition aides from the State and Alu Like.

Health education about hypertension could be developed with specific Hawaiian cultural components by the Office of Hawaiian Affairs, Kamehameha Schools, and the School of Public Health. This education could then be dispersed by public and private schools, mass media, and community outreach workers.

The Schools of Medicine, Nursing, Public Health, and the Departments of Psychology and Social Sciences could help to develop and implement a multi-disciplinary research and training component to evaluate patient response to treatment, and develop and assess new strategies for training future health professionals who would possess a cultural perspective that would enhance and expand their clinical abilities.

Kamehameha Schools could serve as the major coordinator of health scholarships to help keep these future health care professionals in school.

Crucial to the on-going validation and perpetuation of Hawaiian concepts in health care would be the support and involvement of the Office of Hawaiian Affairs, Lunalilo Trust, which deals with elderly Hawaiians, Hawaiian Homelands, and E Ola Mau. By synthesizing the knowledge provided by the implementation of the master plan, these organizations could ultimately develop a statewide health care program that would be administered by Hawaiians for Hawaiians.

S. 136 offers Native Hawaiians an opportunity to heal themselves. E Ola Mau's mission and work make us invaluable in the development, coordination, and implementation of a Native Hawaiian health care master plan.

We believe that the current bill, as written, with the Native Hawaiian health promotion and disease prevention advisory board is too cumbersome and ill-defined in terms of responsibilities. E Ola Mau would like to recommend that this advisory board be replaced by an administrative board called Papa Ola Lokahi. This administrative board would consist of E Ola Mau, the Office of Hawaiian Affairs, Alu Like, the University of Hawaii School of Medicine which would involve other university departments as their expertise was needed, and the Wai'anae Comprehensive Health Center.

This board was selected after discussions between E Ola Mau and OHA who are currently the certifying agencies for this bill, and they were selected for their expertise and on-going record of sensitivity and commitment to serving Native Hawaiians. I personify an example of just that kind of affirmative action and commitment.

The responsibilities of this Papa Ola Lōkahi would be to develop, administrate, coordinate, implement, monitor, and evaluate a comprehensive statewide Native Hawaiian health care master plan by utilizing existing Federal, State, county, community, and private resources. Papa Ola Lōkahi would oversee the awarding of contracts and grants and certify Native Hawaiian organizations.

This board would also prepare quarterly an annual report to the Secretary of Health and the Congress. Papa Ola Lōkahi would serve for the duration of the project and would select, based on needed expertise, a consulting board from various Federal, State, county, community, and private organizations to help them accomplish the task of achieving and maintaining lokahi.

Finally, Senator, E Ola Mau agrees with Dr. Lewin's concerns that money should not be diluted and it should go to the servicing of Native Hawaiians. I assure you E Ola Mau will not allow that to happen.

The Pacific Basin Disease Research Center of the University of Hawaii campus, if developed by Papa Ola Lōkahi, can be a concrete example and statement of the commitment and dedication from the University of Hawaii and this State to Native Hawaiians and Pacific Islanders. E Ola Mau believes it is a statement that is long overdue.

E Ola Mau is a group of Native Hawaiian healers. We personify an element that has long been missing in Hawaii, and that is the healing bridge between the Hawaiian and Western worlds.

The people of the United States, including Hawaii, have given us their trust and their hard-earned tax dollars that have supplemented our educational expenses. We owe them. We have a responsibility to our fellow Hawaiians who have not had the educational opportunities to help create a bridge between the Western and Hawaiian worlds, for we in E Ola Mau have succeeded in the Western world while, at the same time, our foundations are firmly planted in the traditions and ways of our Hawaiian ancestors.

We thank you all for your support, your efforts, and your hard work. We ask for an opportunity to prove to you and to our people that, with wisdom, integrity, expertise, and proper coordination, we Native Hawaiians can turn this tide of devastation and be effective citizens and leaders in our own land.

[Prepared statement of Dr. Andrade appears in the appendix.]

The **Chairman**. Thank you very much, Dr. Andrade.

I gather your proposal will set aside the present certifying group and replace it with Papa Ola Lokahi?

Dr. **Andrade**. Yes, sir.

The **Chairman**. Now, if I heard correctly, this advisory board will consist of members from E Ola Mau, the University of Hawaii Medical School, OHA, Alu Like, and the Wai'anae Community Health Center.

Dr. **Andrade**. Yes, sir; with the correction that it is an administrative board, not an advisory board, with the responsibilities that we suggested.

The **Chairman**. They also would do the certifying?

Dr. **Andrade**. Yes.

The **Chairman**. Did you deliberately leave out the Department of Health?

Dr. ANDRADE. No, sir; we selected the five agencies based on their expertise. We selected them based on what would be needed in terms of developing a Native Hawaiian master health care plan.

What that means is that the Department of Health, while they have many programs, their policies are not directly targeted for Native Hawaiians. We feel we could make more of an impact by actually coming up with ideas, working with Dr. Lewin and his staff, and then implementing specific programs for Native Hawaiians.

I think it would put the State in a kind of conflict to be in Papa Ola LōKahi because their official policy is to not favor any specific ethnic group. And it would give us much more flexibility to develop these programs within a group of five and make recommendations working with the Department of Health.

The CHAIRMAN. What role will the School of Public Health play?

Dr. ANDRADE. They will be playing a role, as I mentioned very specifically in the master plan itself as in the hypertension example, in the actual implementation, in the research, in the education. As I mentioned, although only five organizations are named in this administrative board, the School of Medicine will be calling on the different schools and departments on the campus at the university as their expertise is needed.

In addition, the consultation board that the administrative board would then select could also provide that expertise and consultation.

The CHAIRMAN. Am I correct to assume that all the organizations named here approve Papa Ola Lōkahi?

Dr. ANDRADE. Yes; with the reservations of Alu Like, and that is primarily because they are uncertain as to how it would affect other organizations that were previously mentioned in the bill, but they are totally supportive in terms of our intent, and the limited preliminary discussions we have had with them have been very positive.

The CHAIRMAN. Do you have questions, Congressman.

Mr. AKAKA. Thank you very much, Dr. Andrade. Thank you for your comprehensive statement.

I want to ask you about the process of Papa Ola Lōkahi. Do you envision Papa Ola Lōkahi to be the board which will enter into contracts with Native Hawaiian organizations?

Dr. ANDRADE. If necessary, yes; we also envision it as a conduit. One of the recurring themes that has occurred in all the testimony is that Native Hawaiians should be at very crucial core levels of planning, of administrating, of management and delivery of services. This reinforces that concept.

In addition, the five member board reinforces the basic Native Hawaiian principles I laid out which are, first, of lōkahi, and the second of the 'ohana concept. We feel that we can creatively problem solve Hawaiian health care needs and problems while at the same time meeting the requirements of Congress and the Federal Government.

Mr. AKAKA. Now, this means that you are proposing that Papa Ola Lōkahi would replace the other organizations that are named in the bill.

Dr. **Andrade**. Yes; as the bill is written, they would replace it in terms of function and responsibility. However, as I also stated, an additional responsibility of Papa Ola Lokahi would be to select a consultation or advisory board from all of those associations and organizations which are listed, in addition to organizations that were not listed, such as Lunalilo Home which deals with elderly Hawaiians, and specifically to get their expertise, their feedback, so that this comprehensive health care plan is indeed a product of the Native Hawaiian community, the non-Native Hawaiian community, and people of the State.

Mr. **Akaka**. Thank you.

The **Chairman**. I am certain my colleagues on the select committee will ask me for a definition of Papa Ola Lokahi. What does it mean?

Dr. **Andrade**. Well, Mr. Kamaki Kanahele came up with the name in our discussions with OHA. It is a beautiful name, because, it translates in English as the foundation or the board of Native Hawaiians achieving health or administrating health. Papa is the foundation or board, Ola is health or life, and Lokahi is health as I explained it previously.

The metaphorical meaning which really gets at the Hawaiian soul is very valuable. Papa is our mother goddess. She is the mother earth. To take care of Papa is to take care of one's self, one's land, one's sky, one's water which then achieves health.

The **Chairman**. It is a very beautiful name. We will make certain that it becomes part of the law of the land of the United States of America.

Dr. **Andrade**. Thank you very much.

The **Chairman**. Thank you.

We will now hear from a major Native Hawaiian health organization, the Waianae Coast Comprehensive Health Center, represented by Ho'oipo DeCambra and Merrie Aipoalani.

Ms. DeCambra, Ms. Aipoalani, welcome to the committee.

STATEMENT OF HO'OIPO DECAMBRA AND MERRIE AIPOALANI, WAIANAE COAST COMPREHENSIVE HEALTH CENTER

Ms. **DeCambra**. Senator Inouye, Representative Akaka, and members in attendance here, it is my pleasure to address you this afternoon. It is always an exciting time to come before our representatives and speak from our hearts, speak from our minds, speaking truth about our experience as Native Hawaiians.

I come before you as a Native Hawaiian who has lived in Papakolea, who has moved to the Waianae coast and lived there for the last 34 years of my life, who has witnessed a place where only one private doctor was available, a place that has grown in services of health to the population which makes up 50 percent of us who are Native Hawaiians.

The Comprehensive Health Center is an organization on which I serve as an elected board member. Today, it serves 67,000 patients annually. So, it means, if you translate that into the population living on the coast, that almost everyone in the Waianae coast can go to the doctor at least two times a year, and that is a remarkable choice. That is a remarkable option for us to have there.

So, the Waianae Comprehensive Health Center is a very special organization in my mind, and I serve on it with great pride.

I want to share with you that I have come here to offer full support to your efforts to pass S. 136 to improve the health status of Native Hawaiians.

I would share with you that, in the past, medical treatment of the sick was a matter that belonged to the worship of the gods. When anyone was seized with an illness, a messenger was dispatched to the kahuna who practiced medicine, the kahuna lapaau, taking with him an offering for the god of medicine.

Today, this responsibility has been entrusted to the kanaka maoli, to all of you men and women, taking upon ourselves the duty to bring into being a healing society for all groups, but, especially today, we talk about the Native Hawaiians, and I am honored to be here to share a voice in that expression.

The Waianae Comprehensive Health Center has supported Federal efforts, and I commend the comprehensiveness of the health work that you have presented in this bill, to look at it from a Federal level how we can reach down on a regional level and how it can get down into local communities where the people are. We support it, because it is a bill well written and tries to do that.

As for our efforts in the Comprehensive Health Center, we have extended efforts to plan and develop primary health care systems, even throughout the Pacific, because we strongly sense our relationship with Pacific Island people. We valued our work with the U.S. Public Health Service. We valued our work with the Native Hawaiian Health Consortium for the purposes of producing E Ola Mau needs assessment study.

We have assisted the Public Health Service in the establishment of Kokua Kalihi Valley Health Center which is the second community health center in Hawaii. As I understand it, there are 600 of these community health centers across the United States.

Our health center is contracting with the Government of Guam, the Republic of the Marshall Island, the Federated States of Micronesia, and the Republic of Palau for the purpose of developing primary health care systems in these jurisdictions. We feel a sense of power to do that, because we see how the health center on the Waianae coast has been able to work for indigenous people, for Native Hawaiians.

I want to also share with you that, as a community health center, we have engaged in the last two years in cooperation with the University of Hawaii in research at the community base level, engaging people in the community to engage in research about themselves so that the research doesn't stay at a level where we never understand what is being studied of us.

So, there is so much opportunity here in S. 136, and we are excited. As I said to someone sitting next to me in the audience, I wanted to applaud at the very beginning at the opening remarks, to have this moment, to be a part of this setting that calls for the support of the health and well being of the Native Hawaiian person is a remarkable time in my life.

My mother would be very proud of all of us. She was a Native Hawaiian person who is no longer with us, but I feel as if I carry her spirit and her concerns with me even today as I live out my life being a Native Hawaiian in the 20th century here.

I wanted to say we support the management entity that was expressed by E Ola Mau. We feel it is a priority to get the managing entity to facilitate discussion with Native Hawaiian groups, people who have dealt directly with Native Hawaiian people.

There is a story that if you are a Native Hawaiian person and you are in the boat and you are struggling with the waves, you know what the wave and the problem is. But if there is someone standing on the shore trying to solve your problem of you drowning out there on the boat, the person doesn't have as much advantage as you do. You know how to get out of those currents, you know how to get out of those waves, you can avoid the reef that is causing the waves. But if you engage other people who are way up on the mountain or even standing behind the mountain to try to help you as a person who is struggling with problems, they are so far away from us that it is hard for them to know how to solve our problems.

So, I think the testimony that has been expressed here is one that encourages Native Hawaiians and people who work directly with them to be involved in the planning, the management, the administration of the appropriations that would come from S. 136.

I believe it is a very empowering structure, and I express support for that on behalf of our board members.

I thank you for having the patience of listening to my excitedness about this bill, and I just want to add an Hawaiian phrase that means let these words be free, let them be implemented, and I express this toward S. 136, and they are ua noa amamau. Let our words go and be free and be implemented.

Thank you very much.

The CHAIRMAN. Thank you very much.

Ms. AIPOALANI. Chairman Inouye and Congressman Akaka, my name is Merrie Aipoalani, and I am also a Native American and a board member of the Waianae Coast Comprehensive Health Center. I will be reading from our testimony here.

The health center joins others in proposing the use of the community health center model as the primary health care vehicle for accomplishing our goals. The following considerations support this rationale:

The community health center program has been selected as the strategic approach to primary health care in the E Ola Mau Native Hawaiian Health Need Study. This program was considered clearly preferable to the other models which were also reviewed.

There are about 600 federally supported primary care centers in the United States serving 5 million people. The purpose of these centers is to provide high quality managed care for those people who are most likely to lack access to health services because of geographical isolation, lack of providers, or financial or cultural barriers.

The community health center program has recently been reauthorized by Congress which gave endorsement with near unanimous bipartisan support.

For the purposes of improving Native Hawaiian health, the community health center program is flexible enough to allow for community based control and also allow for the involvement of private health care systems.

I also would like to mention and we would like to acknowledge Dr. Weinstein for their support and involvement in the Pacific operation unit of Region IX. The health care center encourages that the monitor agent be Region IX and commends Dr. Weinstein.

I hope that monies will be specific for the Hawaiians but flexible.

We would be happy to answer any questions.

[Prepared statement of Waianae Coast Comprehensive Health Center appears in the appendix.]

Mr. CHAIRMAN. I want to say how pleased I am and how proud I am to receive the testimony of the Native Hawaiian community. It may be of interest to all of you here that the American Indian community will be watching the progress of this measure very, very closely, because, at the present time, the health program for native American Indians is on a contractual basis with limited input by the Indian community.

This program will be experimenting with a new concept where the beneficiaries and the consumer will be providing major input into the making of policy and the administration of the program.

So, it is up to you. You can mess it up or you can make it a success. And if it is a success, it may well become the model for the whole United States. It is on that basis that we are trying our best to make certain that this measure passes expeditiously this year.

I thank you very much.

Our next witness represents the Native Hawaiian Health Consortium, Dr. David Johnson.

Dr. Johnson, welcome, sir.

STATEMENT OF DR. DAVID JOHNSON, NATIVE HAWAIIAN HEALTH RESEARCH CONSORTIUM

Dr. JOHNSON. Thank you, sir.

It is indeed a pleasure for me to be here this afternoon. It brings together the fruition of a lot of work on the part of the Native Hawaiian Health Research Consortium.

I would like to read my testimony, if I might.

I am a member of the Native Hawaiian Health Research Consortium, and I was a participant in the Native Hawaiian Health Needs Study.

To begin, I would like to state that I generally support the provisions of the bill, S. 136, to the extent that it provides for the continued evaluation of the health status and health needs of Native Hawaiians and to the extent that it provides for increased planning for and implementation of plans for improved accessibility, availability, acceptability, and quality of health services to Native Hawaiians in the State of Hawaii.

Specifically, I support the findings cited in section 1 regarding the health status of Native Hawaiians in terms of their higher risk of and experience higher rates of diabetes, heart disease, cancer, hypertension, and other chronic illnesses as compared to the overall population of the State. I also support the findings that Native Hawaiians experience higher rates of mortality and a lower life expectancy than other population groups in Hawaii.

I also support the provisions of the bill for health promotion and disease prevention in section 3. Specifically, I support the provisions in parts B, C, and D which provide for the collection of data related to prevention of disease and illness and conducting research on prevalence of disease, both physical and mental.

I also support the provisions in parts E, F, and G which provide for health education, promotion, planning, and for the training of Native Hawaiian community outreach workers to provide health care and education to Native Hawaiians.

It is vitally necessary to obtain adequate date in order to understand the current health status of Native Hawaiians. Then, it is necessary to utilize this information to implement programs of education, health promotion, planning, and to provide health services to Native Hawaiians in a culturally appropriate manner.

I support the provisions of section 4 which provide for the designation of Native Hawaiians as a medically underserved population for purposes of section 330 of the Public Health Service Act and for the provision of planning grants for the purpose of planning community health centers to service needs of Native Hawaiian communities and for the establishment of community health centers under section 330 of the same act to provide for the health needs of Native Hawaiian communities.

This will greatly enhance the immediate implementation of plans and programs to provide needed health services to Native Hawaiians in a cost effective and culturally appropriate manner. This will allow for Native Hawaiian input and participation in the planning and development of health care services in the communities in which they reside.

I support the provisions of section 6 of the bill for health care referral services for Native Hawaiians and, specifically, parts A, B, C, and D which allow for determining the health status and health needs of Native Hawaiians and for the determination of existing services and resources available to Native Hawaiians.

This compliments the provisions in section 3 and prepares the basic information necessary to determine both the health needs of Native Hawaiians and those services and needs which are unmet. It is also important to prevent unnecessary overlap in services and to assure adequate cost effective health care services to the Native Hawaiian population throughout the State.

I also support parts E, F, G, and H which allow for familiarizing Native Hawaiians with these services and their utilization and providing for health education of Native Hawaiians and for manpower training to accomplish these objectives, the manpower training being the training of providers of health care to provide services in a culturally appropriate manner.

These provisions are important, because unless Native Hawaiians are aware of services and are knowledgeable regarding their use, those services, once they are available, will not be used appropriately. In order to accomplish this, it is important to assure that those who deliver the health services are culturally sensitive and that the services are accessible and are provided in a culturally appropriate manner.

I appreciate the opportunity to submit this testimony in support of S. 136 as I am convinced that this is a major step in the direction of fulfilling governmental and societal responsibility to the Native Hawaiian population in Hawaii regarding the assurance of adequate health opportunities.

[Prepared statement of Dr. Johnson appears in the appendix.]

The CHAIRMAN. This is the first opportunity this committee has had in personally acknowledging and thanking Dr. Johnson for the role he has played in the E Ola Mau Health Needs Survey. As some of you are aware, the measure that we are discussing is the product, for the most part, of this survey. In fact, just about every recommendation that was made by E Ola Mau has been incorporated into this, and we shall most certainly incorporate the latest recommendation, and that is the new administrative board.

So, if there is such a thing as a peoples' bill, this is a peoples' bill.

Once again, Dr. Johnson, thank you for the important role you played as principal investigator for the E Ola Mau study. I thank you, sir.

Dr. JOHNSON. You are welcome.

The CHAIRMAN. Our next witness represents the Hawaii Dietetic Association, Dr. Margie Cho Sue.

It is always good to see you.

Ms. HUGHES. Aloha.

The CHAIRMAN. Aloha.

TESTIMONY OF DR. MARGIE CHO SUE, PRESIDENT, HAWAII DIETETIC ASSOCIATION; PRESENTED BY CLAIRE HUGHES

Ms. HUGHES. Senator Inouye, Congressman Akaka, and our visitors from Washington, D.C., we greet you with aloha and to our ohana who are returning to see us today.

It gives me great pleasure today to read testimony for Dr. Margie Cho Sue who is president of Hawaii Dietetic Association. I have served as president of the same organization and have been a member of it for nearly 30 years.

We are a group of 200 professional trained registered dietitians practicing in Hawaii. Our registered dietitians are employed in hospitals, clinics, and in public programs throughout the State and serve the Native Hawaiian population. We recognize the severe health problems afflicting the Native Hawaiians and commend you for S. 136 which will provide funding to improve the health status of the Native Hawaiians.

Each of the diseases which afflicts the Native Hawaiian so severely by shortening their life span and by adding to their suffering can be related to nutritional factors. Specifically, fat, cholesterol, sugar, sodium, and fiber intakes have been implicated in diabetes, heart disease, and cancer.

Understanding the interrelationship of food choices to wellness is critical in designing programs for health promotion and disease prevention. We are convinced that preventive health nutrition programs can reduce the complications of these severe chronic diseases.

The registered dietitians are the recognized professional experts who translate nutrition principles into food practices. Inclusion of registered dietitians on the comprehensive health teams is essential when seeking solutions to health problems of the Native Hawaiians.

We thank you, Senator, for this opportunity to testify in support of S. 136 today.

[Prepared statement of Dr. Sue appears in the appendix.]

The CHAIRMAN. I thank you very much.

Listening to you, I have to think to myself that if we had the good sense to follow the diet of the ancient Hawaiians, all of us would be better off.

Ms. HUGHES. Yes.

The CHAIRMAN. But we don't have that good sense.

Ms. HUGHES. Senator Inouye, it is also not available to us, either. It is very difficult to afford poi on the table every night. It is really expensive.

Senator Inouye, you asked a question earlier about the graduates from the School of Public Health. I would like to add a word of support for my friend, Jerry Michael.

There are at least three, if not four, of his Native Hawaiian graduates in the room here today. So, there are a number of good quality graduates of his program involved in E Ola Mau.

The CHAIRMAN. Thank you very much.

Our next witness is the director of the Hale Ola Ho'opakolea, Ms. Ku'ulei Richard.

Welcome, Ms. Richard.

STATEMENT OF KU'ULEI RICHARD, DIRECTOR, HALE OLA HO'OPĀKŌLEA

Ms. RICHARD. Aloha 'auinala. Good afternoon, Mr. Chairman and members of the Select Committee on Indian Affairs. I am Ku'ulei Richard, director of Hale Ola Ho'opākōlea, Inc., a private nonprofit, community based organization whose mission is to promote wholistic healing through Hawaiian cultural practices using the positive life styles, spiritual values, communication skills, and beliefs of Native Hawaiians. Particular emphasis is to be on people of Hawaiian ancestry and people in need whose cultural patterns are vital to their well being.

I have attached in my written testimony for the record an addendum called "Team Building—the Hawaiian Way" which further explains communication skills.

Hale Ola Ho'opākōlea means to make straight as in a child's crooked limb, our major focus being mental health services. Hale Ola is a cultural healing and resource center located in Nānākuli and serving the residents of the Wai'anae Coast as well as being a consultation agency for the University of Hawaii School of Medicine and the State Departments of Education and Health on Native healing practices such as Ho'oponopono, a Native Hawaiian family and group therapy.

Our service providers are primarily Native Hawaiian community outreach workers or para-professionals who serve as counselors to the Wai'anae Coast community. In addition, Hale Ola utilizes a formal network of Kupuna and Kahuna Lapa'au, traditional healers, whose function is to help our counselors create a bridge for our Native clients who underutilize the existing Western health care systems. In addition, we have regular clinical supervision from a Native Hawaiian psychiatrist who is a faculty member of the Department of Psychiatry at the University of Hawaii Medical School.

Hale Ola began in 1980 as a community vision to have Native Hawaiians helping to heal Native Hawaiians. With the help of Alu Like, Inc., Hale Ola began serving Native Hawaiians on the Wai'anae Coast in 1981. We currently service approximately 500 Native Hawaiians on the Wai'anae Coast as well as a number of people of other cultures. We have programs for the chronically mentally ill, family problems, and school children with behavioral problems.

Our present operations with its foundation of community outreach workers whose healing perspective is Native Hawaiian, make Hale Ola Ho'opākōlea an ideal and creative model for the delivery of mental health services for Native Hawaiians.

It is with great enthusiasm and hope that we support S. 136, for it represents a priceless opportunity for our Native Hawaiian people.

Mahalo nui loa ia oukou apua. Thank you all very much for this opportunity to present testimony on behalf of Hale Ola Ho'opākōlea.

[Prepared statement of Ms. Richard appears in the appendix.]

The CHAIRMAN. I thank you very much.

For those in the community who may question the use of native doctors and native healers, it may be of interest to know that today we have Federal grants supporting the utilization of medicine men among the American Indians.

[Applause.]

The CHAIRMAN. This program is working very well, especially in the area of mental health. So, we have broken ground, and you will continue.

Thank you very much.

Ms. RICHARD. May I add something also?

I am a product of the School of Public Health, and I know how hard it is for Hawaiians to get that far. It took me 5 years to get my B.A., and then I had to stop and go to work to earn money to get back into the system, and it took me another 3 years to get my Master's. Without people who are supportive of the effort, I think a lot of Hawaiians do not even get to where I have come from.

The CHAIRMAN. We will do our best. Thank you.

Our next witness is the Hawaii representative of Congressperson Pat Saiki, Mr. Daniel Lee.

Mr. Lee, welcome, sir.

Mr. LEE. Thank you.

STATEMENT OF HON. PATRICIA SAIKI, MEMBER OF CONGRESS FROM HAWAII; PRESENTED BY DANIEL LEE, HONOLULU DISTRICT ADMINISTRATOR

Mr. LEE. Senator Inouye, Congressman Akaka, good afternoon. My name is Danny Lee. I am the district administrator for Congresswoman Patricia Saiki, the Representative of the First Congressional District of Hawaii.

The Congresswoman regrets that she is unable to personally present her testimony today. However, she has asked me to convey a warm aloha to the members of the committee and to the distinguished witnesses who are present today.

I am here to submit Congresswoman Saiki's testimony for the committee record and to express the Congresswoman's appreciation for Senator Inouye's kind invitation to testify on behalf of his legislation, S. 360, to improve the educational status of Native Hawaiians and S. 136, to improve the health of Native Hawaiians.

Congresswoman Saiki strongly endorses both measures. She is a co-sponsor of similar legislation that has been introduced by Congressman Akaka in the House.

As a former teacher and a long-time member of the State Legislature, Congresswoman Saiki believes S. 360 will provide valuable educational assistance for our students of Hawaiian ancestry. She is particularly pleased that this assistance will be administered through a partnership of Federal, State, and county officials.

Congresswoman Saiki also supports S. 136. She believes the community based health centers authorized by this legislation will be a significant step toward addressing the health concerns of Native Hawaiians.

At this point, I will submit for the record Congresswoman Saiki's testimony. In closing, on behalf of the Congresswoman, I want to thank the committee again for giving Mrs. Saiki the opportunity to testify today.

The CHAIRMAN. Thank you very much, Mr. Lee.

Without objection, Representative Saiki's statement will be made part of the record.

Mr. Lee, will you convey to Representative Saiki my personal gratitude for the inclusion of this testimony? It will be extremely helpful.

Mr. LEE. I will be most happy to, Senator.

The CHAIRMAN. Thank you very much.

[Prepared statement of Mrs. Saiki appears in the appendix.]

The CHAIRMAN. And now we have the constitutionally established organization to look after matters relating to Native Hawaiians, the Office of Hawaiian Affairs, and I am pleased to call upon Mr. Kamaki Kanahele and Ms. Annelle Amaral.

Kamaki, welcome.

STATEMENTS OF KAMAKI KANAHELE AND ANNELLE AMARAL, OFFICE OF HAWAIIAN AFFAIRS, STATE OF HAWAII

Mr. KANAHELE. Aloha awakea, Chairman Inouye and Congressman Akaka. Welcome home to you both. It is such a pleasure to see you again.

I would also like to welcome home one of our Hawaiian sisters, Ipolani Lung. Ms. Lung, welcome home. It is nice to see you here again, too.

In the discussions of health, we Hawaiians also take great strength in the discussions of the spirit. I have been told that our two wonderful counsels are here for a short time, so I hope you will at least try to absorb some of the beautiful spirit here before you go to the cold one there. Welcome to Hawaii. Pat, it is nice to see you again, too.

My name is Kamaki Kanahele, and I am the administrator of the Office of Hawaiian Affairs. Mahalo nui loa for the invitation to testify on behalf of S. 136, to improve the health status of Native Hawaiians. The Office of Hawaiian Affairs lends strong support to this bill and recommends certain amendments.

Before continuing, however, I would like to share with you a little background information on the Office of Hawaiian Affairs as a means of providing the members of the committee and, in this case, the two counsels who might not be familiar with us, some understanding of the interest and responsibilities of OHA in this and all matters dealing with the Hawaiian people.

According to legislation creating the Office of Hawaiian Affairs, it is the "principal public agency in Hawaii responsible for the performance, development, and coordination of programs and activities relating to Native Hawaiians." It is governed by a 9-member Native Hawaiian board of trustees elected by approximately 44,000 Native Hawaiians. As a result, the OHA trustees are directly accountable to their beneficiaries, the Native Hawaiian people.

OHA was created in 1978 by an amendment to the Hawaii State Constitution. The basis for its establishment, however, dates back to our State Admissions Act of 1959. The Act created a public land trust, the proceeds of which were to be used for five purposes. One of the purposes was for the betterment of conditions for Native Hawaiians.

In 1979, the State Legislature passed Act 196 which established the basic structure of OHA. This act was subsequently codified as Chapter 10, Hawaii revised Statutes. It mandates OHA to serve as a receptacle for reparations and to act as a clearinghouse for Federal and State assistance involving Hawaiian programs and projects. OHA is also responsible for advising, informing, and coordinating Federal, State, and county activities relating to Native Hawaiian programs. It is with this role in mind that OHA submits this testimony today.

On October 6, 1986, a report from the Select Committee on Indian Affairs on S. 2243 documented in extensive and graphic detail the dismal litany of Hawaiian health problems matched by the equally discouraging statistics on Hawaiian disease and death. This report was both comprehensive in scope and current in data, including information from the Native Hawaiian Health Research Consortium final report entitled "E Ola Mau: The Native Hawaiian Health Needs Study," completed in December 1985 and the "Summary of Mortality Data on Native Hawaiians" staff report by the Office of Technology Assessment of the U.S. Congress completed in August 1986. This last report is particularly important because it compared statistics on Hawaiians with the national population as opposed to the State population.

Much health data was flagged earlier in the Native Hawaiians Study Commission report of 1983 and the Native Hawaiian Education Assessment Study of 1982.

Mr. Chairman, I submit that you are as familiar with the sad state of Hawaiian health as are those of us charged with the daily responsibility of improving conditions of a people burdened with disease, people who far too often do not live long enough to fulfill their roles as kupuna. I therefore would like to move from the problems to problem solving through S. 136.

We readily admit that the dire statistics speak for themselves and more than justify the programs of health promotion and disease prevention: community health centers, health service scholarships, health needs assessments, and health education and services referrals called for in S. 136. The manner in which these services and programs are planned and delivers, however, is extremely crucial and must be done to sensitively overcome cultural barriers that may have previously hindered Hawaiians from receiving health services that could have prevented medical problems or provided early treatment.

The Office of Hawaiian Affairs believes that the 23-member advisory board called for in section 3(2)(a) of the bill is too large a number to be practical. We recommend that the bill should be amended to provide for a 5-member administrative board which shall be called the Papa Ola Lokahi, Native Hawaiian Health Administrative Board.

Papa Ola Lokahi is to consist of representatives of the Office of Hawaiian Affairs; the group of Native Hawaiian health professionals known as E Ola Mau, a private, non-profit organization serving Hawaiians; Alu Like, Inc, the Waianae Coast Comprehensive Health Center serving a community, the majority of whom are Hawaiians; and the University of Hawaii School of Medicine.

OHA believes that the five organizations named to participate in Papa Ola Lokahi have the ability to administer and monitor the progress and grants and services mandated by S. 136.

Senator, as a point of clarification, you did say that this recommendation will be submitted to the full committee?

The CHAIRMAN. I can tell you now that, as author of the measure, I will exercise my Senate privilege in amending the bill right now.

Mr. KANAHELE. Thank you very much.

The CHAIRMAN. It is amended now.

Mr. KANAHELE. In that case, I would like to scratch half my speech. [Laughter.]

May I have permission, Senator, please, to submit my entire testimony for the record?

The CHAIRMAN. Without objection, so ordered.

Mr. KANAHELE. One final remark, Mr. Chairman, and then my testimony is finished.

I earlier mentioned the committee report on S. 2243 of the 99th Congress, and I would be remiss in my role as OHA's administrator if I did not call attention to the gross inaccuracies of the testimony from the U.S. Department of Health and Human Services delivered by Dr. Samuel Lin, Deputy Assistant Secretary for Health, before the Indian Affairs Committee on May 1986 at which I was present.

I quote Dr. Lin:

> We believe that the State of Hawaii has one of the finest departments of health in this country, and the statistics of the Hawaiian people will attest to that fact. The residents of Hawaii have the highest life expectancy in the country and the lowest mortality rates.

The statistics of Hawaiians have been thoroughly discussed here, and it seems that the need is to define for the Department of Health and Human Services the word "Hawaiian" as opposed to "resident of Hawaii."

The life expectancies and low mortality rates of "residents of Hawaii" only underscore the intent of S. 136 which tries to provide the same right and privilege of long life and good health to the Native Hawaiian. Mr. Chairman, it is ignorant statements such as these, uttered by experts in positions of authority and decision-making that gives rise to yet another Hawaiian health problem, and that is my high blood pressure.

Thank you, Mr. Chairman, for bringing this hearing to Hawaii. Once again, it is such a pleasure to be with you here today and also in the presence of Congressman Daniel Kahikina Akaka.

Mr. Chairman, before I leave, would you please send our aloha nui to the Sergeant-At-Arms of the Senate and tell him his people love him.

The CHAIRMAN. I am certain the Sergeant-At-Arms will be very pleased to receive that message.

I would like to publicly commend you, Mr. Kanahele and, through you, your organization, OHA, for the skill with which you have been able to bring together the disparate groups among the Hawaiian community to work together on this measure. I think it is important that this measure receive the support of all of the members of the community, and, under your leadership, I think this has been achieved.

Thank you very much.

Mr. KANAHELE. Mr. Chairman, it is very vital, for the record, for you to know that all the Native Hawaiian people are also very proud of you and, for the record, they pledge their support in continuing to grace you in the seat so deserving as a very great Representative of the United States of America.

Mahalo nui loa.

The CHAIRMAN. Did you want to say something, Ms. Amaral?

Ms. AMARAL. Senator, I am here to speak in support of S. 360, and, with your permission, I would like to begin my testimony.

The CHAIRMAN. Please do.

Ms. AMARAL. Thank you very much.

As Mr. Kanahele has already given your committee, for the record, the background of the Office of Hawaiian Affairs, I would like to skip over that particular portion and go to page 3 of my testimony.

Before beginning, I should say I am Annelle Amaral. I am administrative assistant for the Office of Hawaiian Affairs.

The Office of Hawaiian Affairs strongly supports the adoption of S. 360.

In 1984, a needs assessment study was conducted by the Kamehameha Schools/Bishop Estate. Its results were presented to this Select Committee on Indian Affairs. The study did a very complete review of the Hawaiian educational needs up to that time. For us, it not only confirmed that we Native Hawaiians ranked lower academically than any of the major ethnic groups in Hawaii, but it also showed that same low rank in health needs, job employment, and other socio-economic areas.

Our children show a pattern of low achievement in basic skills, and although national achievement test scores increase slightly each year, Hawaiian students continue to fall below the national norms. Native Hawaiian children are over represented in special education needs areas. They represent 34 percent or 3,677 of the special education population. The Native Hawaiian population in our public schools represent 22 percent of 35,325 students. In some of our geographically rural districts, these students represent 33 percent of the student population.

Senator Inouye reports in his testimony to the Senate that "as ninth graders, only one-third of Native Hawaiian public school students aspire to 4 or more years of college." Sadly, our State university reflects that aspiration. Eight percent of the applicants to the University of Hawaii at Manoa are Native Hawaiians. Of that, 5 percent are enrolled, and Native Hawaiian graduates represent 2 percent.

S. 360 is important to the Native Hawaiian community. It proposes to better the conditions of Native Hawaiians through educational services, project models, and programs. Education programs sensitive to the cultural needs of Native Hawaiians that meet the needs of today's society are desperately required in the Native Hawaiian community.

Working Native Hawaiians should participate in the creation and control of educational services that will be provided in their community. For example, Native Hawaiian family based education centers can only work if family support can be garnered. In the network of the Hawaiian 'ohana, family is the foundation of sound Hawaiian educational programs.

Training of Native Hawaiians to fill under-represented professions is also important. The provision for fellowship assistance to Native Hawaiians would increase the number of Native Hawaiians in various professional fields—education, engineering, sciences, and medicine to list a few.

In summary, I would like to reaffirm OHA's support of the adoption of S. 360. There are many serious education problems in the Hawaiian community, and S. 360 would make it possible for the Native Hawaiians to address these problems by planning for and implementing services that meet their educational needs.

The Office of Hawaiian Affairs would like to express its appreciation to this committee for allowing us the opportunity to provide testimony on this very important subject.

Thank you very much.

The CHAIRMAN. Thank you very much.

I can assure you that your statement will be an important one as we consider this bill. We will do our best to have it passed and become law.

Thank you.

[Prepared statements of Mr. Kanahele and Ms. Amaral appears in the appendix.]

The CHAIRMAN. Our next witness is the director of the Department of Social Services and Housing of the State of Hawaii, the very illustrious Mrs. Winona Rubin.

STATEMENT OF WINONA RUBIN, DIRECTOR, DEPARTMENT OF SOCIAL SERVICES AND HOUSING, STATE OF HAWAII

Mrs. Rubin. Aloha, Senator, Congressman, and staff members of the Senate Select Committee on Indian Affairs.

I would like to present two items of testimony, if I may, first on S. 136 and then on S. 360. If I might, I will begin with my testimony on S. 136.

The Chairman. Please proceed.

Mrs. Rubin. Thank you.

I am Winona Kealamapuana Ellis Rubin, director of the Department of Social Services and Housing, Native Hawaiian, and former chief executive officer of Alu Like, the statewide Native Hawaiian organization which initiated the Native Hawaiian Health Research Consortium and coordinated the Native Hawaiian Health Needs Study Report, E Ola Mau.

I wish to extend a mahalo nui, deep appreciation, to you and Senators DeConcini and Matsunaga for introduction of this legislation, your continued strong advocacy on behalf of Hawaiian concerns, and for bringing this hearing to Hawaii so that the community may have the opportunity to provide testimony in support of S. 136.

The measure very clearly describes the health needs of Native Hawaiians and outlines the areas for intervention and assistance which can be utilized by the Native Hawaiian community to maintain responsibility for its own health and to ensure that health prevention and care are accessible, available, and delivered in a culturally acceptable manner.

S. 136 provides for community health centers for delivery of health and medical care, promotes the recruitment and training of Native Hawaiians for the health/medical professions, enables medically underserved areas to be addressed by existing resources such as E Ola Mau, the national health service corps, and others, and facilitates data gathering, screening, monitoring, surveillance, and evaluation to ensure a high level of quality in service delivery.

There is one recommendation which I wish to offer for your consideration. As I listened in the audience, I note that for section (2)(a), line 10, page 10 I recommended the advisory board of no more than 9 members shall be appointed after consultation with the organizations and agencies identified in this section.

After earlier testimony, you indicated that there would be some revision of this section. I support this, because the membership of the advisory board should be limited so that we avoid being too unwieldy for efficient and effective start-up and implementation.

With reference to section 7, the Department of Social Services and Housing, as the State agency responsible for Medicaid, will be pleased to participate with the appropriate Native Hawaiian organization in reviewing the possible barriers and constraints and the appropriate strategies for improving access and increasing utilization by Native Hawaiians of the Medicaid program.

In conclusion, S. 136 is a means of significantly reducing health problems of Native Hawaiians, and I urge its passage.

If I may continue with the testimony I have prepared for S. 360, I wish to speak in support of S. 360 and express my appreciation to both you and Senator Matsunaga for the introduction of this measure and your long-standing commitment to improving conditions for Hawaii's native people.

The Native Hawaiian Education Assessment Project report by the Kamehameha School/Bernice P. Bishop Estate which was complete in February 1983 provides documentation which affirms the educational needs of Hawaiians. The bill clearly identifies the areas of need and the means through which resources can address the needs.

It is very appropriate and critical in addressing the needs that Native Hawaiians themselves are involved in the solutions. S. 360 provides for this.

Inclusion of the century old Hawaiian educational institution, the Kamehameha Schools, as a key component in implementation of this bill assures a high level of quality in delivering educational services.

The Department of Social Services and Housing is pleased to see in the legislation provisions for Native Hawaiian family based education centers which include parent-infant programs and pre-school programs. We have been concerned over the past few years with the increase in confirmed child abuse and neglect cases which can be reduced substantially through parent-infant programs and orientation and support of parents through activities associated with pre-school programs.

Recently, the Federal and State governments have focused on reducing welfare dependency and promoting self-sufficiency. I consider this bill as a significant step.

For too long, Native Hawaiians have been the highest in negative socal indicators, and a major contributor has been the lack of their educational success. I strongly believe that through increasing the opportunities for educational success and appropriate training of Native Hawaiians, we will proportionally reduce Native Hawaiian representation on the welfare rolls, increase their employability, and encourage their participation in our national and State leadership in the Pacific.

Mahalo, thank you, for the opportunity to present this testimony.

[Prepared statement of Mrs. Rubin appears in the appendix.]

The CHAIRMAN. Mrs. Rubin, I thank you very much.

Am I correct to gather from your testimony that you support the creation of this administrative board consisting of E Ola Mau, the University of Hawaii Medical School, OHA, Alu Like, and the Waianae Community Health Center?

Mrs. RUBIN. Yes; I do. I had included an additional number thinking that, at the outset, there may be need for additional people on that list that was provided. So, I automatically went down the list and said the first nine might be a good starting point, but, certainly, the five that you have named would be acceptable.

The CHAIRMAN. Well, we look forward to your work in your new capacity. I have said this many times, you have done a superb job as chief administrator of Alu Like. It has been a pleasure working with you in that capacity, and we will be listening to your successor. We hope that he will do us well.

Mrs. RUBIN. Thank you very much, Senator.

The CHAIRMAN. Our next witness will be Mr. David Helela, president and chief executive officer of Alu Like.

Mr. President, I welcome you, sir.

STATEMENT OF DAVID HANALOA HELELA, PRESIDENT AND CHIEF EXECUTIVE OFFICER, ALU LIKE, INC.

Mr. HELELA. Aloha, Mr. Chairman and members of the committee. I am David Hanaloa Helela, president and chief executive officer of Alu Like, a private, non-profit organization which is community based.

Alu Like administers the Native Hawaiian program established under Title VIII of the Native American Programs Act. It provides the enabling mechanism for promoting the goal of economic and social self-sufficiency for Native Hawaiians. As part of our continuing efforts to meet the needs of the Native Hawaiian community, Alu Like has investigated the health needs of the Native Hawaiian population and has formed and coordinated the Native Hawaiian Health Research Consortium to address these needs.

This consortium includes members from Native Hawaiian institutions and agencies and from public and private research, educational, and health institutions and agencies.

The consortium has completed a Native Hawaiian Health Needs Study Report, E Ola Mau, which was prepared for the Department of Health and Human Services in response to a request from the Senate Appropriations Committee. The scope of the report focused on five task force areas, namely, medical, mental health, nutrition/dental health, historical/cultural, and strategic health plan.

I will be addressing section 3 of this bill pertaining to health promotion and disease prevention, section 4 on community health centers and the National Health Service Corps program, and section 7 on access to medicare and medicaid services. Others here from the consortium will be addressing the other sections.

Section 3 states that "the Secretary shall provide funds to Native Hawaiian organizations to establish and administer a program of health promotion and disease prevention designed to serve Native Hawaiians." It further specifies that this program shall "provide necessary preventive-oriented health services, including maternal and child health care and mental health care."

This comprehensive approach to preventive programs will conserve limited financial and personnel resources since it will reduce the number of serious health problems in the Native Hawaiian population through early detection and therapy.

The provision in section 3(B) for "the collection of data related to the prevention of diseases and illnesses among Native Hawaiians, including the prevention of fetal alcohol syndrome, hypertension, heart disease and diabetes" is important since, at present, the measure of incidence and prevalence of these illnesses are not adequate. This is also important since the establishment of baseline data is the only way the effectiveness of preventive programs can be determined. Also, the prioritization of programs should be based upon adequate incidence and prevalence data.

The collection of data can be accomplished through sample surveys, screening programs and other surveillance in cooperation with providers of health services. Additional research can study the risk factors associated with these diseases. This will optimize the resource expenditures since services can be offered and established in areas where Native Hawaiians at high risk are located.

Evaluation of intervention can be made along with the provision of services in order to determine effectiveness, cost/benefit ratios, changes in quality of life, and other factors as the preventive programs are implemented.

Section 3(C) includes a provision "for medical and general health related research into the disease that are most prevalent among Native Hawaiians including, but not limited to, heart disease, hypertension, cancer, diabetes." These are the most prevalent diseases among Native Hawaiians.

It is important to improve the available data on incidence and prevalence of illness in order to establish priorities and to conduct research on risk factors in order to plan preventive programs. It is also important to have on-going monitoring and surveillance on various diseases in order to evaluate progress in preventive programs and in order to reassess priorities.

The establishment of on-going data collection and research allows for continuous monitoring of effectiveness as well as changes in prevalence patterns which can be the basis for establishing priorities and planning implementation of services.

Regarding section 4 on community health centers and the National Health Service Corps Program, there is a need to stimulate existing private and public health care delivery systems to more effectively respond to the health needs of Native Hawaiians. Private sector medicine will increase its responsiveness as more Native Hawaiians enter the health professions. This requires a systematic effort to recruit and train Native Hawaiian medical candidates and to assist them in establishing practices in Hawaiian communities.

Local professional associations, educational institutions, and voluntary agencies provide often untapped resources. Existing Federal programs such as the National Health Service Corps can be utilized to maximize educational opportunities for Native Hawaiians and to effectively relocate medical manpower to high need Hawaiian communities.

Parenthetically, American Indians and Eskimos are already designated as "health manpower shortage area" population groups. This bill would recognize Native Hawaiians as a health manpower shortage area population group as well.

In addition, it would allow for "medically underserved area" designation for Native Hawaiian communities, enabling them to seek funds from the community health center program.

The community health center program offers the following advantages:

1. It is predominately community based, enabling a high degree of local autonomy.

2. It maximizes the potential of public and private resources, including volunteers.

3. It has proved to be a highly efficient program which has leveraged services valued at more than twice as much as the Federal grant funds involved.

It should be recognized that unique and significant health problems do exist in many Hawaiian communities. In such areas where there is a shortage of health manpower or a large uninsured population or where extensive health problems exist that require comprehensive intervention strategies, new health resources must be developed.

Section 7 regarding access to medicare and medicaid services states that "the Secretary shall, in consultation with Native Hawaiian organizations, conduct a study of any barriers which may exist to the participation of Native Hawaiians in programs established under Title XVIII of the Social Security Act (medicare) or under Title XIX of the Social Security Act (medicaid).

In order to increase the accessibility of these programs to Native Hawaiians, it is important to understand why there are barriers which prevent Native Hawaiians from participation. This can be achieved by understanding Hawaiian cultural values and perceptions of Native Hawaiians regarding not only accessibility but availability and acceptability of services.

It is also important to investigate ways in which these barriers can be ameliorated. This can best be done through demonstration projects which can test various means of improving access.

From the scant data on medicare and medicaid participation available for Native Hawaiians, they seem to participate less than the general population. Research on the extent and types of third party insurance coverage as well as medicare and medicaid participation will facilitate planning for improved access to medical services.

Further research can study the number of Native Hawaiians who participate in, as well as the potential number of Native Hawaiians who might participate in, medicare and medicaid programs. This allows program planners to determine the resources necessary to meet current demand as well as potential demand for services.

Finally, this bill can, for a modest investment, go a long way to improving the health status of Native Hawaiians. It can do so efficiently by tapping both private and public resources, utilizing existing of Federal support, and by cultivating the creative energies inherent in local Hawaiian communities. This legislation will give Native Hawaiians the opportunity to develop resources and maintain responsibility for their own health.

Thank you for giving us the opportunity to make this presentation in support of S. 136.

The CHAIRMAN. Thank you very much, Mr. Helela.

Alu Like is one of the great American success stories among Federal grant recipient organizations. In fact, the program is now being used as a model by many other organizations throughout the United States.

I think it would be extremely helpful to the committee to be aware of this. So, if I may ask you, would you submit for the record a description of your organization, the amount of moneys that you have been allocating through your grant programs, and the number of participants and beneficiaries?

This success story should be told not only to people in Hawaii but to the people of the Nation. It is a fantastic story.

Mr. HELELA. Thank you, Mr. Chairman. I will be happy to do so.

Mr. HELELA. I need to begin by offering an excuse. Having been on the job for 3 weeks, the facts are here, and I am cultivating all the facts I can gather about the success story of Alu Like, because I think it is a story to be told to everyone in the community, not only throughout the Hawaiian community but throughout the general public.

I find there is a great deal of misunderstanding about the kinds of assistance that Native Hawaiians are receiving today through funding which is provided by our Congress, and I know that we need to do a better job of telling the Alu Like story.

Alu Like is an organization which was originally established in 1974 as a result of the act that was passed making Native Hawaiians native Americans and, therefore, entitled to receive funds, as you know. Currently, Alu Like has a staff of about 125 people. Our budget runs an average of about $5 million a year.

In the time since Alu Like has been established, it has received almost $50 million in which it was responsible for administering vocational eduction, job training, and, lately, the library services program. We are also funded under the Administration for Native Americans which provides us the capability to organize staff, and we look at this as our umbrella funding source that allows us to not only help to administer all of these programs that Alu Like has been given responsibility for but also to participate in economic development planning and in encouraging the Native Hawaiian communities to develop business enterprises and other industries of that sort.

We are very proud of our track record. Alu Like has a reputation for having managed these funds in a very responsible way. I believe that the moneys that have been provided to Alu Like for the assistance to the Native Hawaiian communities has been used wisely, and all of the resources have been put to good use.

Alu Like does do well in the area of managing these programs that have been provided to us. I must add that I am very proud to join the organization, Mr. Chairman, and I will see that we will continue to maintain this reputation for excellence in management of the Federal monies as well as the matching funds that we have received from the State and the other resources that we have been fortunate to receive from other sources throughout the community.

Mr. CHAIRMAN. I have just one question, sir.

Are you in favor of the creation of the administrative board consisting of the five organizations?

Mr. HELELA. Mr. Chairman, I would have to respond to that question by saying that I favor the original version of this bill where it was left to the Governor to determine the constitution of the panel or board that would assist him in the administration of this program.

As it is currently designed, the bill does provide for, as you know, 22 different agencies and institutions. In the 22, I recognize that we have included most of the organizations that have an interest in health and education.

I believe, however, that once designing a slate like this, we run the risk of leaving someone out, and I could identify a few organizations that probably should be included, because they may have an interest in performing on the advisory board.

As to narrow the board to five, I am not sure that this would be wise for us to do. Once establishing a number—in this case we are talking about five organizations only—we may be excluding other institutions and agencies directly or indirectly from participating in the Native Hawaiian health program.

I would like to see the availability and the potential use of all resources throughout the general community and not only within the Native Hawaiian community.

The CHAIRMAN. This bill will not limit resources coming from just five organizations, as you know, but do you believe that 22 would be a bit too unwieldy a number?

Mr. HELELA. That may or may not be the case. I know that in the bill the way it is designed, it does give priority to certain organizations. There is a number that will serve for a longer period, 3 years, and another number that will serve for another period, 2 years, and, further, a number that will serve for another period, 1 year.

I see with this kind of an organization, perhaps that can be made to work except that, again, I must comment on the possibility of leaving some organizations out that may just as well serve the purposes of this bill if we should include everybody.

On the other hand, if we left it to the Governor to establish an advisory panel such as what we have for the vocational education program and for job training, then we can marshall and assemble those activities that would provide us the best support as we need them.

The CHAIRMAN. Thank you very much.

Mr. HELELA. Mr. Chairman, if I may, I can go on with the testimony that we have for the education bill.

Mr. CHAIRMAN. Oh, please do.

Mr. HELELA. This one is brief.

The CHAIRMAN. All right.

Mr. HELELA. I believe you have copies, and I will just start with the second paragraph.

The CHAIRMAN. Without objection, the full statement will be made part of the record.

Mr. HELELA. All right.

Aloha, Mr. Chairman and members of the Select Committee on Indian Affairs. I am David Hanaloa Helela, president and chief executive officer of Alu Like Inc., a private, non-profit, community based organization whose mission is to promote the economic and social self-sufficiency of the Native Hawaiian community and other disadvantaged Native American groups.

On behalf of our board of directors, I extend our mahalo for the opportunity to present testimony on S. 360, a bill to improve the education status of Native Hawaiians.

The name Alu Like means "working together." We have been privileged to be a part of historic cooperative efforts to mitigate the high representation of Native Hawaiians in poor educational performance.

Alu Like has performed research and generated reports on such topics as youth profiles, absenteeism, and assessments of reading and math achievements to draw attention and support to alleviate critical educational hurdles for the Native Hawaiians.

In 1979, through a grant from the U.S. Department of Education and the Emergency School Aid Act, Halau O Haleiwa was initiated as a pilot project in cooperation with the State Department of Education, Haleiwa Elementary School, and the Waialua-Haleiwa community in order to address significantly low performances in basic skills. As a result, market improvements occurred in student test scores.

In 1985, through the U.S. Department of Education Office of Educational Research and Improvement and by the Hawaii State Governor's designation, Alu Like initiated the first Native Hawaiian library program. In the same year, the Native Hawaiian vocational education program was sponsored by the U.S. Office of Vocational and Adult Education. All efforts have resulted in further collaboration with educational institutions and community groups to alleviate the poor educational performances of the Native Hawaiians.

S. 360 addresses the issues of current conditions and contributing circumstances. Through the proposed Native Hawaiian model curriculum implementation project, Native Hawaiian family based education centers, Native Hawaiian gifted and talented demonstration program, and Native Hawaiian special education program, the purposes of the act would be well served.

Specific, solvable problems of poor performance and attendance will be addressed through programs that are a result of well researched, valid approaches to teacher training and curriculum development. The importance of family in addressing educational performance; the importance of Native Hawaiians participating in and graduating from higher education institutions; the importance of the gifted and talented Native Hawaiian individual; and the importance of the learning disabled, mentally or physically handicapped, educable mentally retarded have been heard and addressed by this bill.

Alu Like appreciates, after over 10 years of work in the community, the hard, long efforts of the State and the Kamehameha Schools. We have long realized that the results most meaningful are those that represent the working together of the many parts of our community. We pledge our continued support of and advocacy for efforts that will result in the improved educational status of the Native Hawaiians.

The development of supplemental educational programs to benefit Native Hawaiians, the provision of direction and guidance to public agencies to focus resources, and the supplementation and expansion of existing programs and authorities in the area of education provide necessary elements to realize the social and economic uplifting of the Native Hawaiian people.

Again, on behalf of the Alu Like State Board of Directors, we appreciate this opportunity to make this presentation in support of S. 360.

[Prepared statement and requested material of Mr. Helela appears in the appendix.]

The CHAIRMAN. I thank you very much, Mr. Helela.

Mr. AKAKA. Mr. Chairman, I just want to add my aloha and congratulations to David Helela on his appointment as executive director of Alu Like and to further say that he has made a distinguished service record while a member of the U.S. Army as a full colonel as a person who has come from Moloka'i. His family still resides on Moloka'i.

I was so happy to know that he has been selected as a new leader in the Hawaiian community, and I wish him well.

Mr. HELELA. Thank you very much, Mr. Akaka.

The CHAIRMAN. Thank you once again, sir.

Mr. HELELA. Thank you very much.

The CHAIRMAN. We appreciate it.

As most of us are aware, this year we observe the 100th anniversary of the founding of the Kamehameha Schools. The Kamehameha Schools was established pursuant to the last will and testament of the distinguished daughter of the Kamehamehas, High Chiefess Bernice Pauahi.

At the time of the founding of Kamehameha Schools, education meant to begin at the first grade and possibly end at the eighth grade. However, because of the courage and commitment and foresight of the members of the board of trustees of the estate, Kamehameha Schools is now participating in other broad-ranged programs. They believe, for example, that education does not begin with the first grade, but it begins before the child is born. So, they have committed themselves to the establishment of maternal health care centers, child care centers, and they have participated in and initiated the education needs survey.

I think all of us should commend Kamehameha Schools and the Bishop estate for carrying on the work of the High Chiefess but in such a broad manner. I am certain the High Chiefess would approve of the actions of the board of trustees.

Accordingly, it gives me great pleasure to call upon an illustrious member of that board of trustees, Mr. Myron Thompson.

STATEMENT OF MYRON THOMPSON, KAMEHAMEHA SCHOOLS/BISHOP ESTATE

Mr. THOMPSON. Aloha, Mr. Chairman, Congressman Akaka.

Mr. Chairman, thank you very much for having presented my testimony. [Laughter.]

However, I want to talk about some of the concerns we have. You were certainly instrumental to the Native Hawaiian assessment project which was completed in 1983. Today, let me update you on some of the recent findings as they relate to Hawaiian youngsters in our educational system.

Hawaiian students, who comprise some 25 percent of the school age population, continue to achieve below national norms.

An estimated 37 percent of Hawaiian elementary students fall in the lowest three scoring groups as compared with 23 percent of the Nation.

Over 67 percent of Hawaiian pre-school age children score in the lowest stanines on a test given at kindergarten entry. The national norm is 23 percent.

More than 75 percent who enter Kamehameha pre-schools have been found to have hearing loss severe enough to interfere with learning.

Only 5 percent of the students working on Bachelors degrees at the University of Hawaii Manoa campus are Hawaiian, and only 3.9 percent of the graduate students are Hawaiian.

Only 6.8 percent of the children in gifted and talented programs in Hawaii are Native.

Only 35 percent of the children in special education programs are Hawaiian, and 27 percent of all excessively absent students are Hawaiian.

Mr. Chairman, these statistics are alarming. They indicate a severe problem in literacy, a tool that is as critical to the survival of Native Hawaiians as it is critical to the survival of all people.

Therefore, Mr. Chairman, we set as our highest priority the dissemination into the State's public school system our Kamehameha elementary education program curriculum. It is effective with Hawaiian children and is already in six Department of Education schools, costing Kamehameha Schools $1.5 million annually. If this can be increased to 20 schools serving 5,000 youngsters, we believe that Hawaiian children will be able to achieve at least parity with other children of the Nation.

We cannot expand this program alone but will work cooperatively with the Department of Education, the University of Hawaii, and others.

A second high priority is family based education centers providing education, health, and social services to at-risk infants through age 5. With 11 centers placed in Hawaiian communities would provide the needed preventive, educational, health, and social services.

Presently, we are developing four. In order to expand to meet the need, we need to cooperate, again, with other responsible institutions and agencies.

Other needed programs include: counseling and financial aid for higher education; gifted and talented identification and assistance; and special education for youth who are learning disabled, alienated, or otherwise handicapped. S. 360 provides for these programs for Native Hawaiians.

Mr. Chairman, I would also like to support S. 136 providing for Native Hawaiian health programs. Without good maternal health and nutrition, a child cannot be born healthy. Without good health, a child cannot learn well.

Others testifying today are professionals in the field and certainly have provided you with in-depth information.

Mr. Chairman, passage of S. 360 and S. 136 are critical to the self-sufficiency of Native peoples of Hawaiian ancestry, to their successful battle against illiteracy. Not only will their lives be improved, but the lives of all citizens of the State of Hawaii and the Nation as well will accordingly be affected.

Mr. Chairman, Congressman Akaka, thank you and the members of your committee for your interest and concern for the Hawaiian people.

[Prepared statement of Mr. Thompson appears in the appendix.]

The CHAIRMAN. Thank you very much, Mr. Thompson.

I have long felt that the preservation of the culture of ancient Hawaiians or the Native Hawaiians would be in the best interests not only of the Hawaiian population but of all the people of Hawaii. I am aware of KEEP. Does language play an important part, because this provides a continuation, a link that continues the culture from the days of old to this day. Do you place a special emphasis on Hawaiian language in your program?

Mr. THOMPSON. Yes; we do. We have emphasis in the school as a whole on Hawaiian language. In terms of KEEP, it relates to language development in the context of where the youngsters are living today. If it is appropriate to inject Hawaiian language in the process of teaching we inject it at that level.

The CHAIRMAN. How is the Hawaiian language preserved in Kamehameha Schools?

Mr. THOMPSON. We have a total curriculum development program at the school. At the moment, it is quite extensive. It is geared pretty much to the upper levels, but in the lower levels, in elementary school and intermediate school, it usually comes in cultural enhancement programs, through music, through dance, and through the different oral histories that are passed down from old to the present.

The CHAIRMAN. Do you agree that the preservation of the Hawaiian language would be an essential part of the preservation of Hawaiian culture?

Mr. THOMPSON. Oh, yes. Like it is important to preserve other aspects of Hawaiian culture, and the language should be the same.

The CHAIRMAN. I thank you very much, Pinky. It is always good to have you.

Mr. Akaka.

Mr. AKAKA. Thank you very much, Mr. Chairman. I want to show my appreciation to Pinky Thompson for his work in this area and to tell you, Pinky, that the companion bill that was dropped in the House has the support of the House Committee on Education and Labor. We expect to have that bill marked up in April. So, we will be moving on that education bill.

Mr. THOMPSON. Thank you, Congressman Akaka, and I know you were quite instrumental in having that come about. As I look at your presence here today, I am hoping that this hearing will serve as the hearing for the House people also. Thank you.

Mr. AKAKA. Mr. Chairman, I also want to say that I was privileged to have been asked by our Senator to sit with him. This is a Senate hearing, and I am proud to be sitting with him. As you know, we both belong to the Appropriations Committees of each House.

The CHAIRMAN. The money.

Mr. AKAKA. So, we support each other in affairs concerning the State of Hawaii, and it is great working with a leader like our Senator Inouye.

Mr. THOMPSON. Thank you very much, Congressman. We appreciate it. I would just like to remind you that the education bill includes about $10 million for the first year, and the health bill includes about the same amount.

The CHAIRMAN. We have billions of dollars in Washington.

Mr. THOMPSON. OK.

The CHAIRMAN. Thank you very much.

Our next witness represents the United Hawaii Aloha, Mr. Kawaipuna Prejean.

STATEMENT OF KAWAIPUNA PREJEAN, UNITED HAWAII ALOHA

Mr. PREJEAN. Aloha, Senator Inouye and Congressman Akaka. It is good to see both of you here.

It is a great privilege for me to be here and I thank you for giving me the opportunity to testify on S. 136 and also S. 360.

To get to the point, Senator, the main concern that we have is, that we alleviate the appearance of funding rivalry with other indigenous people of America and, that we be clear in both legislation that the funding would be an add-on and wouldn't be detracting from funding that is already provided to other Native American people.

I know going to Washington, DC, we always think of our home with particular bills and issues, and I always think this particular approach is not only selfish but it is kind of anti-Hawaii. And I think about the Piscataway Indians being indigenous to the Washington, DC area, and I think again we should consider more public relations.

Mr. AKAKA. Kawaipuna, before you continue from that particular point, I would like to ask the Senator to make a comment as chairman of the Select Committee on Indian Affairs as to the communication that has gone on between him and the Indians with respect funding for programs for the Indians and Hawaiians.

The CHAIRMAN. I am very pleased to respond to your request, Congressman.

When I assumed the chair of the select committee, one of the first things I did was to communicate my concerns with the Indian community. As part of this, for the first time, we have as a staff director of the select committee a person of Indian ancestry. He is Mr. Alan Parker who is president and chief executive officer of a bank, and he will now serve as our staff director.

It may interest you to know that our chief counsel, Dr. Zell, is from the Navajo Nation. In fact, over half of the staff are members of Indian tribes and nations. Mr. Parker, incidentally, is a great-great-grandson of the great Sioux Chief, Sitting Bull.

I have assured our Native American brothers and sisters that in any Native Hawaiian bill that comes before this committee, very careful consideration will be taken to make certain that the Hawaiian bills will not in any way take away one penny from Native American Indian programs, and we have done this very carefully. That is why we have a separate Hawaiian health program, a separate Hawaiian education program.

So, I can assure you that this has been made clear, and I think I am correct in my assessment that the leaders of most of the great nations and tribes are fully satisfied.

As you know, I took my first trip into the Indian country and went to the Pacific Northwest and met with the Indian tribes of that area. My next trip will be to the Southwest meeting with the Hopis, the Navajos, and the Pueblos. After that, I will go to the plains and meet with the great Chippewas and the Sioux.

However, I can assure you that your concerns are my concerns, and American Indians will not suffer from the inclusion of Native Hawaiian programs.

Mr. **Prejean**. Senator Inouye, I am pleased to hear that. Again, the concern about the exogenous funding is my next point which is getting locked into funding which is, I think, in the range of $700,000 approximately. As believability in the Federal Government increases with the successes of these programs, I assure you that there will be a need for further funding, and I would hope that it wouldn't be so rigid that there would be again just a shortfall as far as budget cuts and things that are happening in Washington, DC.

There is another concern, Senator, if you are not aware of the contamination that is happening to our island archipelago, I remind you also that there has been an oil spill over in Waimanalo and, unfortunately, the State felt that they didn't have any right to issue a suit on behalf of the people—homesteaders especially—who have suffered from this oil spill.

There is also, very much concern about the ship that continuously discharges various wastes in our waters. There have been some fines issued but, again, what is happening here is a spirituality, a source of sustenance in which our Kaawa Ocean is now becoming a source of staph infection. Many of our people do not have any type of medical program, there has been a lot of unnecessary suffering because of the lack of teeth in terms of the Health Department for taking it upon themselves to initiate actions that would be protective of especially the first inhabitants of these islands.

One more area of concern, if you will, Senator, is that places like Queens Hospital. It is our contention that there has been a breach of contract between the hospital and indigenous people that they were originally supposed to be serving. By legislative fiat in the 1950's, they supposedly wiped out their responsibilities, but it is our contention that included in this type of legislation should be ways that we can pursue remedy that would not only assess damages to the people that can recover the health services that are supposed to be provided by these type of institutions.

I was invited to lecture at the American studies program and also at one of the high schools last week, I was very disturbed to see few Hawaiian indigenous people represented in the School of Public Health, and I can see already the competition for the funding which I hope will not be spent mostly on astronomical administrative costs.

However, if I have to look in favor to a group that is going to avoid the rivalries that are going to come from setting up a whole new bureaucracy, I would have to look to Kekuni Blaisdell's group for direction in terms of setting the pace and also being directly involved with program and programmatic solving. Mr. Blaisdell's efforts over the past years have demonstrated that they in fact are using some of the medicinal people that are still alive, the lapa'aus.

When I first walked in here and I knew that this type of funding did include medicine people, I was really hurt because I thought of one person that went in 1985 when we had a slogan "come alive in '85"—we lost two of our most respected kapuna, Pilahi Paki and at the end of the year, Lapa au me, who for me was one of the most courageous people in terms of charging the military and other people that are desecrating sacred areas.

The Island of Moloka'i will have services for George Helm and Kimo Mitchell tomorrow and a lot of the people, again, do not have the funding. Otherwise, we would be there also.

But the mental health of many of our people are again vexed, primarily because of the lack of respect or the lack of understanding of what is sacred in terms of the Haina which is our provider of life or common mother earth, and yet the military continue to disregard our requests for a peaceful and amicable solution to the destruction of the eighth largest Hawaiian island along with a lot of areas that have been confiscated in our minds without due process and also been expropriated without fair compensation.

Again, this is why I believe that our affiliation with America has pretty much been genocidal. So, I hope that this particular introduction of legislation will not be a cruel hoax, because it seems like every time it gets down to the funding, the bill usually falls between the cracks. Again, the disparity and the disproportionate number of Hawaiians that have already died is pretty obvious.

The area that I think is really something to consider if you have to figure out a way of who comes first is to consider the graduated benefit method which is those with the most blood or the most need would be in fact given an opportunity and not go to the most articulate or those who don't need the particular health.

I implore you with that to look at this with complete urgency because of the fact that there has been, in my eyes, Congressional neglect and failure to deal comprehensively with the indigenous people of Hawaii that has in fact resulted in such dismal statistics that we need to turn around. I am hopeful that with your leadership and the people that you have come to know working over the years that we can be more in line with such people like the Navajo who have their own tribal council. I understand they have something like 86 tribal members that make something like $18,000 and up which doesn't mean they are making a lot of money, but they are able to focus and concentrate on their job a heck of a lot better than some of the situations that arise in Hawaii.

Being an advocate for indigenous peoples' human rights and self government, I see the failure of a lot of those bureaucracies to really address the land claim and sea claim issue which have been pending for years and years, and we know that we have to collect the back rent versus standing in line for some parsimonious funding that might come down because of what appears to be a charitable legislation.

So, it gets back to looking at the legislation. There are some inaccuracies, to me I would say insurrection, which is coup d'etat and America's irrefutable role in the dethroning of Queen Lelu Kalaia 94 years ago is paramount as far as remedy goes so we can in fact, with dignity, settle this issue without extinguishment and move on as real leaders of our own destiny for those generations to come after us.

So, I wish you well in this good work, Senator and also Dan, when you are back in Washington, DC, and I think of one particular gentlemen who, in 1974, got me involved with the Hawaiian whole issue of native claims which is now called the Legal Service

Corporation. They are meeting along with some other delegates on the big island today to talk about the geothermal and what it is going to do to the spirituality of those followers of Pele, and I speaking of a gentleman by the name of John E. Echohawk who is the director of the Native American Rights Fund and also a person that has come to bat for us a number of times.

He is going to be in Washington, DC next Monday night, and I was trying to talk him into staying over Sunday, but, again, he has a very tight schedule. I am very happy that he is here, but I also would like to again request that meeting be set up with yourself and Mr. Echohawk so some of the ideas and the strategies to enhance the development of progressive legislation and initiatives such as this come to a fruitful result.

Mahalo nui loa.

The CHAIRMAN. We will arrange a meeting with Mr. Echohawk. I can assure you that.

Mr. PREJEAN. Thank you very much.

The CHAIRMAN. And your concerns as expressed by your testimony will not be overlooked. We will study them very carefully.

Mr. PREJEAN. I appreciate that, Senator. A hui ho.

The CHAIRMAN. Thank you very much.

Our next witness is the vice president for academic affairs at the University of Hawaii, Dr. Anthony Marsella.

Welcome, sir.

STATEMENT OF DR. ANTHONY J. MARSELLA, VICE PRESIDENT FOR ACADEMIC AFFAIRS, UNIVERSITY OF HAWAII

Dr. MARSELLA. Senator Inouye, Representative Akaka, members of the Senate Select Committee on Indian Affairs, good afternoon and welcome.

My name is Anthony J. Marsella. I am the vice president for academic affairs at the University of Hawaii. On behalf of Gladys A. Brandt, chairman of the Board of Regents of the University of Hawaii, and Albert J. Simone, president of the University of Hawaii, I wish to testify in favor of S. 360, a bill to improve the educational status of Native Hawaiians by providing support for five major programs: one, a Native Hawaiian model curriculum project; two, a Native Hawaiian family based education center; three, a Native Hawaiian higher education demonstration program; four, a Native Hawaiian gifted and talented demonstration program; and, five, a Native Hawaiian special education program.

Each of these programs represents a much needed resource for improving the educational status of Native Hawaiians. When these programs are considered as a group, their potential for significantly altering the educational status of Native Hawaiians is dramatically increased.

The Native Hawaiian lived here for more than 1,000 years before others appeared on the horizons. Then, with a suddenness for which the Native Hawaiians were unprepared, strangers from foreign lands arrived and challenged their traditional ways of life with new beliefs and practices which were often contemptuous of the centuries of tradition the Native Hawaiians had lived by.

The new ways eventually eroded Native Hawaiian culture leaving behind a population decimated by disease and social disintegration. It is estimated that within 100 years of the arrival of Captain Cook, the Native Hawaiian population was reduced by 30 percent.

Today, the Native Hawaiian people continue to be faced with many challenges to the remnants of their once proud culture that had conquered thousands of miles of ocean waters and that had mastered tropical lands to create a way of life that was and will always remain a dream for all who yearn for harmony with nature. Today, the Native Hawaiians are the highest risk group in the State of Hawaii for virtually every index of disease, social welfare, and education.

Since S. 360 is concerned with educational status, we wish to point out that Native Hawaiians are ranked among the lowest groups on every measure of educational progress and achievement used to monitor educational status including standardized tests, school adjustment, graduation rates, and so forth.

Numerous studies such as *E Ola Mau*, published in 1985, and "The Native Hawaiian Educational Assessment Project," published in 1983 document the seriousness of the educational problems faced by Native Hawaiians, and they recommend interventions which are similar to the proposals in S. 360.

In brief, the needs of the Native Hawaiian people are not being met by our educational system. We need new strategies and opportunities. Unless new programs are introduced which can reverse the tragic trends that exist, it is clear that Native Hawaiians will have little hope for altering the unfortunate circumstances of their current lives.

Education is their one hope for improving their future. It is the major pathway available to them for changing the conditions under which they live.

The University of Hawaii is dedicated to improving the educational status of Native Hawaiians. We have responded with a vigorous new effort that includes an active student recruitment program for Native Hawaiians. We have, incidentally, many college opportunity programs for Native Hawaiians which have been added in the last few years.

In addition, we are currently working with the State Department of Education and the Kamehameha Schools to develop cooperative programs directed toward improvements in the delivery of educational services to Native Hawaiian people. Further, we are establishing Native Hawaiian Studies programs on all of our campuses to help ensure the perpetration of Hawaiian culture and tradition.

To depart from our testimony for just a moment, I would call your attention to Kau, the University of Hawaii's new Hawaiian studies report which was prepared by a task force of 15 Native Hawaiians and which is setting the foundation for new directions at the University of Hawaii for improving the educational status of the Native Hawaiian people. These have been sent to your office, but I will submit one for formal records.

But, perhaps most importantly, the University of Hawaii is developing a new commitment to the Native Hawaiian people. It is commitment that involves caring rather than apathy, involvement rather than indifference, and action rather than rhetoric. We are confident that we can make a difference, and we look forward to working with the Federal Government in the development of the many new programs and projects that are proposed in S. 360.

Thank you for this opportunity to testify on behalf of such an outstanding bill. Thank you.

[Prepared statement of Dr. Marsella appears in the appendix.]

The CHAIRMAN. Thank you very much, Dr. Marsella.

The Kau report will be made part of the official files of this committee, and I can assure you that we will study that with great anticipation.

You speak of Native Hawaiian programs at the University of Hawaii. What percentage of the graduates of this coming year will be Native Hawaiians?

Dr. MARSELLA. I don't have the data available on that. However, the general enrollment rate of Native Hawaiians at the undergraduate level is less than 5 percent, and of people of Native Hawaiian ancestry at the graduate level, it is less than 4 percent. We feel this is inadequate and must be increased dramatically.

I cannot tell you the percentage in this graduating class, but it has been uniformly low throughout the past, and that is something of which we are not very proud. We want to change that.

The CHAIRMAN. Do you have, as a matter of policy, a program akin to affirmative action?

Dr. MARSELLA. I think the new recruitment programs which have been supported strongly by the State Legislature and by our own Board of Regents will function in a capacity similar to an affirmative action program but will not have the same legal implications as the affirmative action programs.

We do intend to recruit actively in the Hawaiian areas of our State, the high density Hawaiian residential areas, and to begin the recruitment program at a much earlier level than ever before. We feel that this recruitment program cannot begin solely in the 11th and 12th grades. There must be something that begins already in elementary schools to alert students at that time to the importance of attending the University and to the fact that the University of Hawaii intends to support them.

The CHAIRMAN. I thank you very much.

Mr. AKAKA. Dr. Marsella, in the School of Medicine, there is a program called Imi Ho'ola.

Dr. MARSELLA. Yes, sir.

Mr. AKAKA. Do you think that there is a need for such a program, in concept, in other schools at the University?

Dr. MARSELLA. Yes, sir; I think the Imi Ho'ola program has been a unique success, and we are very grateful for this program. There are programs in the School of Law, the School of Social Work, in the Department of Psychology, and in several other units across our University that are opportunities programs in which we are seeking to enroll more Native Hawaiian students as well as many Filipinos and Samoans as well.

These programs provide, I think, an important buffer and important opportunity for entrance into the University under some circumstances that are a little bit more supportive than would ordinarily be the case. We certainly intend to expand the number of programs with that model.

Mr. **Akaka**. Thank you.

The **Chairman**. Thank you very much, Dr. Marsella.

Our next witness has made a special trip from the big island to be with us this afternoon. He is the new chancellor of the University of Hawaii at Hilo, Dr. Edward Kormondy.

Mr. Chancellor, I welcome you, sir, and congratulations on your appointment.

Dr. **Kormondy**. Thank you, Senator.

STATEMENT OF DR. EDWARD J. KORMONDY, CHANCELLOR, UNIVERSITY OF HAWAII AT HILO

Dr. **Kormondy**. As you indicated, my name is Edward Kormondy. I am Chancellor of the University of Hawaii at Hilo.

Mr. Chairman and Representative Akaka, I am pleased to testify in support of S. 360 relating to the education status of Native Hawaiians.

Over the past 200 years, Native Hawaiians have experienced a substantial decline in population and severe socio-cultural disintegration. Depression, loss of identity, alienation, poor self-concept, fear of failure, fear of success, hopelessness and helplessness are a few of the recurring descriptions of a significant portion of the Native Hawaiian population.

Reviews of Native Hawaiian health and educational needs show a significant portion of Native Hawaiians suffer from pervasive vulnerability to various problems which include high rates of alcohol and substance abuse; high suicide rates among young adults; poor educational performance in the public schools; low enrollment in higher education; high rates of family violence; and the majority of inmates in Hawaii prisons.

In addition, Native Hawaiians occupy a low socio-economic position in the State of Hawaii. They have the lowest median income among the four major ethnic groups and represent the highest proportion of the population in low status occupations.

Whereas not all of these conditions are resolvable by improvement in attainment at all levels of the educational spectrum, many are. And, given cultural traditions, many would be resolved, or at least alleviated, provided there were sufficient leadership in the Hawaiian community itself.

Such leadership is often reflected in role models of success in the business, industrial, governmental, and professional community, roles that are increasingly dependent on the attainment of post-secondary education.

However, the fact is that Hawaiians are grossly under-represented in higher education and, most notably, at the University of Hawaii which comprises the public higher education institutions in the State in which most Hawaiians live.

Hawaiians constituted only 8 percent of the total University of Hawaii student body in the fall of 1984, ranging from 4.9 percent at UH-Manoa to 15.8 percent at my institution. Professor Kiyoshi Ikeda, of the University of Hawaii-Manoa, indicates that, given the pool of Hawaiians available and eligible for higher education, present enrollments are only 40 percent of what would be expected.

Demographic data show that in Hawaii, Hawaiians are the largest ethnic group in the age cohort of 18 years of age and younger. This translates to Hawaiians having the largest available population for college eligibility.

The data also indicate that among Hawaiians 25 years of age and older who have attended college, only 35 percent actualy obtained a bachelor's degree as compared to 60 percent of Chinese, Caucasians, and Japanese in the same age group. There is thus a significant pool of adult Hawaiians who have not completed a college degree.

At present, efforts to recruit Hawaiian students depend to a large extent on individual faculty and staff efforts. The University of Hawaii at Hilo's higher proportion of Hawaiian students as compared to the UH system as a whole is the result of a committed faculty and staff who offer a variety of programs that appeal to different students. Among these programs are Reaching Out for Success in Nursing, Health Careers Opportunity Program, Hawaiian Leadership Development Program, Minority Biomedical Research Studies, and Hawaiian Studies Certificate Baccalaureate degree programs.

A recent unpublished doctoral dissertation by Dr. David Sing, of the University of Hawaii-Hilo, reports that when underprepared Hawaiian students are placed in a classroom environment that is closely aligned with values and practices associated with Hawaiian home values, a significant positive change in attitude toward education, school officials, classmates, and themselves results.

Thus, the intent of S. 360 is right on target. Its various components befit the pattern of programs that have been initiated elsewhere regarding black and native Mexican students with which I had considerable experience at the California State University at Los Angeles. Implementation of the model curriculum project developed by the Kamehameha Schools, the family based education centers, the fellowship assistance and special education programs are proven approaches to undergirding an overall enhancement of the educational status of Native Hawaiians and correcting the foregoing dire statistics on underdeveloped potential.

I am confident that the University of Hawaii, as indicated by Vice President Marsella, through its diversified programs and diversified campuses, will productively cooperate in effecting successful outcomes of these various components of the bill.

In the urge to be accessible and to be all things to all people, and given the resource allocations required to address the very considerable responsibility of assisting so very many underprepared students, there is a segment in America's educational programs that too often gets left out—the gifted and the talented. In the significant national study "A Nation at Risk," the National Commission on Excellence in Education chaired by David P. Gardner, now president of the University of California, noted, "The Federal Government, in cooperation with States and localities, should help meet the needs of key groups of students such as the gifted and talented, [a group which] includes both national resources and the Nation's youth who are most at risk."

This group of students, the report further notes, "may need a curriculum enriched and accelerated beyond even the needs of other students of high ability."

Fortunately, S. 360 specifically addresses this population of Hawaiian students, calling for a demonstration program to address the special needs of gifted and talented elementary and secondary school students.

If it is appropriate, Mr. Chairman, I would suggest that the final language of this bill consider locating a demonstration project on the big island of Hawaii for a number of reasons, among them:

Hawaiians constitute the largest ethnic group of high school students on the Island of Hawaii.

Second, in 1985, 51 percent of all births in Hilo were Hawaiian. This population will dominate the elementary schools in but a few years.

Third, there is a broad spectrum of Hawaiian communities on the big island, from rural ones in which traditional Hawaiian traditions are practiced to semi-urban, more or less assimilated middle class groups.

Fourth, there is an existing gifted and talented program at Waiakea High School in Hilo whose staff would constitute an experienced resource for a program directed specifically to Hawaiian students.

Fifth, Hilo High School has been designated as a magnet school in the performing arts, an attraction for students gifted in those fields.

Sixth, the University of Hawaii at Hilo Hawaiian Studies faculty were instrumental in developing and implementing a program for pre-schoolers called Punana Leo, meaning "language nests," the objective of which is to preserve the Hawaiian language. Instruction is entirely in Hawaiian for these tots, and talent is encouraged to mature.

In addition to these salient reasons, the presence of a higher education institution on the big island is an invaluable adjunct to successful gifted and talented programs as demonstrated elsewhere, serving to provide resource personnel, college level classes and activities for gifted and talented students, and leadership models from among its students, faculty, and staff.

In summary, Mr. Chairman, I indicate my strong support for this bill as a means of enabling more Native Hawaiians to assume their rightful role in contemporary society.

[Prepared statement of Dr. Kormondy appears in the appendix.]

The CHAIRMAN. Mr. Chancellor, I thank you very much. I think that your suggestion that this measure include language locating a demonstration project on the big island for the reasons that you have set forth is worthy of consideration by the committee, and I can assure you that it will be taken into very serious consideration.

I wasn't aware that 51 percent of the births on the big island last year were of Native Hawaiians.

Dr. KORMONDY. I wasn't until we started doing research for this testimony.

The CHAIRMAN. You have convinced me.

Dr. KORMONDY. Thank you.

The CHAIRMAN. We will consider this very seriously.

Dr. **Kormondy**. I appreciate that.

The **Chairman**. I thank you very much for flying all the way from the big island to be with us. Your input is very important, sir.

Dr. **Kormondy**. We will wait until you fly to the big island, and we will talk to you there.

The **Chairman**. Before we proceed with the final witness, without objection, a statement submitted by the chairman of the Hawaiian Homes Commission, Ms. Ilima A. Piianaia, will be made part of the record. Also, a statement by Dr. Nathaniel Ching in support of S. 136 and S. 360 will be made part of the record, and a statement submitted by the Queen's Medical Center by vice president Ruth M. Ono in support of S. 136 will be made part of the record.

[Prepared statements of Ms. Piianaia, Dr. Ching, and Ms. Ono appears in the appendix.]

The **Chairman**. The committee has just learned that the Superintendent of Public Instruction, Mr. Charles Toguchi, wanted to be here with us this afternoon but, because of a few problems with the board and also with the Legislature, he cannot be here, and I can understand that. So, his testimony will be presented by the Deputy Superintendent, Dr. Kengo Takata.

Welcome to the committee, Dr. Takata.

Dr. **Takata**. Thank you.

STATEMENT OF CHARLES TOGUCHI, SUPERINTENDENT OF PUBLIC INSTRUCTION, HAWAII STATE DEPARTMENT OF EDUCATION; PRESENTED BY KENGO TAKATA, DEPUTY SUPERINTENDENT OF PUBLIC INSTRUCTION

Mr. **Takata**. Senator Inouye, Representative Akaka, and members of the committee, I am Kengo Takata, Deputy Superintendent of the Department of Education.

Unfortunately, our Superintendent not only has a conflict in schedule but also is in Hilo. So, although he wanted to be here, he is just not able to do so.

We want to thank you for introducing S. 360 to improve the education status of Native Hawaiians and for other purposes.

I appreciate the opportunity to testify in support of S. 360. This bill recognized the Federal Government as having the legal responsibility to enforce and enhance the State's public trust for improving the conditions of Native Hawaiians.

Federal legislation of this nature to provide supplemental assistance to Native Hawaiians is greatly needed. Indeed, Native Hawaiian programs and projects, such as KEEP, the family based education centers, and special education program will be assisted.

I would recommend that a section be added to the bill calling for an annual progress or evaluation report to the Secretary.

I encourage you and your colleagues in the 100th Congress to support and adopt S. 360. Thank you.

The **Chairman**. I thank you very much, Mr. Takata, and will you thank Mr. Toguchi for his testimony and wish him well for his illness. Thank you very much.

Mr. **Takata**. Thank you.

The CHAIRMAN. I have been advised that Ms. Virginia Kepano of the Kokua Council, the senior citizens group, wishes to say a few words.

Ms. Kepano, it is always good to see you.

STATEMENT OF VIRGINIA KEPANO, KOKUA COUNCIL

Mrs. KEPANO. You are running a little ahead of schedule, Senator, or I wouldn't even ask to speak. There are just several things I would like to say.

Our Congressman and our Senator, we are very proud to have this type of legislation emanating from you. We always talk about the problem, but if you are not part of the solution, then you are part of the problem, and I want to say thank you.

Education and health are synonymous in my mind. We know very well the problems that the Hawaiians have had over the years. I am also married to a full Hawaiian. My husband is 100 percent Hawaiian. My grandchildren are all half Hawaiian, and I just had a new great grandson delivered in December 1986 who is, I think, about three-fourths Hawaiian or a little more perhaps because his mother is five-eights Hawaiian.

So, we are very Hawaiian in our family. We are very concerned with the problems in the Hawaiian community.

One of the problems has been, as Mrs. DeCambra said, that the great white father has always been over the mountain directing the canoe and the canoe paddlers. We have not had enough Hawaiian people be able to not only direct their destiny but have enough input or enough say into the problems of what is happening in the community.

This bill addresses this very, very clearly, I believe. I think that we have at last got a bill where we can have input, administration, direction, and perhaps even total control of these kinds of monies with, of course, direction from Washington. We understand the strings are always attached to Federal moneys, but in this case, there seems to be a real direction to probably be able to see that the Hawaiian community can have a larger say.

For this we are very grateful. We are very grateful for this. This comes from the heart, and we now feel that perhaps we can turn our community around, and it really is necessary.

In Papaikouleo—I live on the homestead, and the family next door to me has 23 people in one single dwelling. Of these 23 people, 19 are children under the age of 12. There are five generations in this one household. They are a lovely family, they take care of their children, none of them are on welfare, and they work very, very hard.

This is what we want to see our Hawaiians do, send their children to school and become part of the mainstream.

I read in the paper and I don't know if you are aware of it, because, Senator, you are far away from us, and I know you get the papers, but on Moloka'i, we heard last week that there are 400 and some children going to school in Moloka'i with one restroom. Now, this is a real health problem; 420 children have a great deal of difficulty standing in line to go to the restroom. When they have to go, what do they do? Sometimes, they have to hold it, all day long.

This not only creates a health problem, but it certainly creates an educational problem. How can you learn anything if you have to go to the restroom?

So, we have a real problem in Hawaii, and this bill, I think, will address it. I am very grateful to E Ola Mau for the things that they have done, the kind of contribution they have brought, their professionalism, their education. They have brought it back to their people, and they are going to work for their people.

So, thank you, Dan. Thank you, Senator. Thank you, Congressman Akaka. We are very happy with this bill, and we are also—both bills, S. 360 and our health bill. Thank you.

The CHAIRMAN. Thank you.

Mr. Takata, did you take note that there are 400 children with one toilet?

Mr. TAKATA. Maybe I should clarify that. I think perhaps the newspapers have not been providing accurate information.

Mrs. KEPANO. That is the truth.

The CHAIRMAN. Well, I think what Ms. Kepano brought up is not funny, because at the present time, we are considering legislation to provide toilet facilities for every 10 workers in the field. If we can do that, then the least we can do is provide toilets for kids.

Mr. Genesis Lee Loy wanted to testify, but because of a prior commitment, he has had to leave, but the record will be kept open to receive his testimony. For that matter, the record will be kept open for 1 week, and if any of you would like to submit addenda or if any one of you would be moved to submit your own testimony, please feel free to do so. We would be very happy to receive them.

This is the year of the Hawaiian, and, in that spirit, this committee will return to Washington and will do everything to make certain that these two measures, in the spirit of the year of the Hawaiian, can become laws of the land.

Thank you very much.

[Whereupon, at 3:40 p.m., the committee recessed, to reconvene subject to the call of the Chair.]

APPENDIX

Additional Material Submitted for the Record

PREPARED STATEMENT OF THE HONORABLE DANIEL K. AKAKA, A MEMBER OF CONGRESS FROM HAWAII

Mr. Chairman, Members of the Select Committee and guest witnesses, it is a special honor for me to be here today to render my support for S. 136, a bill to improve the health care status of our Nation's Native Hawaiians.

Since the absorption of Hawaii into the social, cultural and political life of the West--more than two centuries ago--the indigenous inhabitants of that land, the Native Hawaiians, have been plagued with the fate of rapid depopulation. When Captain James Cook first discovered the islands in 1778, the indigenous population numbered nearly 300,000. Fifty years later, when the missionaries took count, the population had dwindled to approximately 142,000. A further decrease--to 41,000--was recorded by the census of 1890. Today, pure Hawaiians number somewhere in the vicinity of 9,000. Sadly, they join hands with their part-Hawaiian brethren as a plagued people in their own land.

Native Hawaiians--those whose ancestors were natives of the islands prior to 1778--today represent between twelve and nineteen percent of Hawaii's total population. I would like to be able to say that they represent between twelve and nineteen percent of Hawaii's healthy population, but this is simply not so. Rather, Native Hawaiians are disproportionately represented on almost every health indicator that exists.

BRIEFLY, RELATIVE TO [illegible] HAWAII'S [illegible], NATIVE HAWAIIANS HAVE THE HIGHEST AGE-SEX STANDARDIZED MORTALITY RATE, THE LOWEST LIFE EXPECTANCY RATE, HIGHER RATES OF CHRONIC AILMENTS, AS WELL AS THE HIGHEST RATE OF INFANT MORTALITY. FURTHERMORE, THEY SUFFER THE GREATEST RISK OF DIABETES, HEART DISEASE, AND ONE OF THE HIGHEST CANCER RATES OF ANY POPULATION IN THE UNITED STATES. THESE CONDITIONS, MR. CHAIRMAN, ARE INTOLERABLE IN A SOCIETY AS TECHNOLOGICALLY ADVANCED, AND DEMOCRATICALLY SOUND, AS OURS.

HEALTH CARE ASSISTANCE FOR NATIVE HAWAIIANS IS NEEDED NOW. THERE IS SIMPLY NO CHOICE. AND, THE BILL WHICH I AM INTRODUCING TODAY NOT ONLY RECOGNIZES THIS NEED, BUT ALSO FILLS THE HEALTH CARE ABYSS NOW KNOWN TO NATIVE HAWAIIANS.

TO DATE, CONGRESS HAS SEEN FIT TO PASS NUMEROUS LEGISLATIVE MEASURES DESIGNED TO BENEFIT NATIVE HAWAIIANS IN EDUCATION AND EMPLOYMENT. SUCH ENACTMENTS ARE ENVISIONED AS UNPRECEDENTED GAINS BY THE NATIVE HAWAIIAN COMMUNITY. NEVERTHELESS, FOR WHAT PURPOSE SHOULD WE ENTERTAIN THE THOUGHT OF EDUCATIONAL AND ECONOMIC SUCCESS FOR THAT COMMUNITY IF ITS VERY VIABILITY AND EXISTENCE CANNOT BE ENSURED?

CLEARLY, THE MOST FUNDAMENTAL AND EFFECTIVE MEANS OF ENSURING THE SUCCESS OF NATIVE HAWAIIANS IN TODAY'S SOCIETY IS A SOUND HEALTH CARE SYSTEM. AND, CERTAINLY, IT IS RIGHT FOR US AND FOR OUR NATION TO ACCEPT THE RESPONSIBILITY OF PROVIDING THESE NATIVE AMERICAN PEOPLE WITH SUCH A SYSTEM.

PASSAGE OF S. 136 BY THE SENATE WILL REPRESENT A RECOGNITION AND AN ACCEPTANCE OF THAT POLICY. I URGE THE COMMITTEE'S SUPPORT FOR THIS MEASURE.

MR. CHAIRMAN, MEMBERS OF THE SELECT COMMITTEE, AND GUEST WITNESSES, IT IS A PLEASURE FOR ME TO BE HERE TODAY TO DRAW YOUR ATTENTION TO A MATTER OF EXTREME IMPORTANCE TO ALL WHO SUPPORT THE FULFILLMENT OF HUMAN POTENTIAL.

I AM SPEAKING OF A PROBLEM THAT HAS GNAWED AT OUR COUNTRY FOR LONGER THAN ANY OF US WOULD BE INCLINED TO ADMIT: THE SEVERE EDUCATIONAL STATUS OF OUR NATIVE HAWAIIANS.

THAT PERSONS OF NATIVE HAWAIIAN ANCESTRY HAVE SUFFERED DISPROPORTIONATELY FROM EDUCATIONAL INEQUALITY FOR SOME TIME HAS BEEN CLEARLY DOCUMENTED. SIX YEARS AGO, CONGRESS AUTHORIZED THE CREATION OF A COMMISSION TO STUDY AND IDENTIFY THE EDUCATIONAL NEEDS OF NATIVE HAWAIIANS. THE NATIVE HAWAIIAN EDUCATIONAL ASSESSMENT PROJECT WHICH RESULTED WAS GENEROUSLY COMPLETED BY THE KAMEHAMEHA SCHOOLS/BERNICE PAUAHI BISHOP ESTATE AT NO PUBLIC EXPENSE, AND BY 1984 HAD BEEN SUBMITTED TO BOTH THE DEPARTMENT OF EDUCATION AND THIS COMMITTEE, THE SENATE SELECT COMMITTEE ON INDIAN AFFAIRS.

THE STUDY REVEALED SOME DEVASTATING FINDINGS:

OVERALL, NATIVE HAWAIIANS SCORE BELOW PARITY WITH NATIONAL NORMS ON STANDARDIZED ACHIEVEMENT TESTS. FURTHERMORE, WHILE NATIVE HAWAIIAN STUDENTS IN GENERAL CONTINUE TO SCORE BELOW PARITY WITH NATIONAL GROUPS, THE DISPARITY WITH OTHER LOCAL GROUPS IS EVEN GREATER;

NATIVE HAWAIIANS ARE DISPROPORTIONATELY REPRESENTED IN MANY NEGATIVE SOCIAL AND PHYSICAL STATISTICS, INDICATIVE OF SPECIAL EDUCATIONAL NEEDS. LOWER EDUCATIONAL ACHIEVEMENT AMONG NATIVE HAWAIIANS HAS BEEN FOUND TO

RELATE TO LOWER SOCIO-ECONOMIC OUTCOMES. INDEED, EDUCATIONAL NEEDS OF NATIVE HAWAIIANS ARE INEXTRICABLY INTERWOVEN WITH OTHER SOCIAL AND PHYSICAL NEEDS. MANY OF THESE HAVE EITHER DIRECT EDUCATIONAL SPINOFF EFFECTS OR ARE THEMSELVES CONDITIONS WHICH COULD BE ALLEVIATED THROUGH EDUCATIONAL MEANS; AND,

NATIVE HAWAIIAN STUDENTS HAVE EDUCATIONAL NEEDS WHICH ARE RELATED TO THEIR UNIQUE CULTURAL SITUATION.

I BELIEVE THAT THE COMITTEE WILL BE PLEASED TO KNOW THAT THE KAMEHAMEHA SCHOOLS/BERNICE PAUAHI BISHOP ESTATE'S INTEREST IN THE EDUCATIONAL NEEDS OF NATIVE HAWAIIANS DID NOT END WITH THE COMPLETION OF THE ASSESSMENT PROJECT. INDEED, SINCE ITS EARLIER STUDY, THE INSTITUTION HAS CONTINUED TO MONITOR EDUCATIONAL INDEXES, FURTHER CONFIRMING THE FINDINGS OF THAT STUDY. BRIEFLY, THE FOLLOWING HAVE BEEN NOTED:

STUDENTS WHO ARE IDENTIFIED AS HAWAIIAN CONSTITUTE 21.7 PERCENT OF THE STUDENT POPULATION IN THE HAWAII DEPARTMENT OF EDUCATION--THE SECOND LARGEST GROUP. THE TOTAL NUMBER OF NATIVE HAWAIIAN STUDENTS IN ALL SCHOOLS, PUBLIC AND PRIVATE, IS NOW ESTIMATED AT 58,000, AND IS PROJECTED TO INCREASE THROUGH THE YEAR 2000;

NATIVE HAWAIIAN STUDENTS CONTINUE TO SCORE WELL BELOW NATIONAL NORMS IN ACHIEVEMENT TESTS OF BASIC SKILLS. AN ESTIMATED 37 PERCENT OF HAWAIIAN ELEMENTARY STUDENTS REGISTER IN THE LOWEST SCORING GROUPS, COMPARED WITH A MEAGER 17 PERCENT IN THE UPPERMOST GROUPS--VERSUS 23 PERCENT NATIONALLY IN EACH CLASS;

NATIVE HAWAIIAN STUDENTS ARE AT RISK FROM BIRTH. 31 PERCENT OF ALL LOW BIRTH-WEIGHT BABIES ARE NATIVE HAWAIIAN. FORTY-TWO PERCENT OF ALL TEENAGE MOTHERS ARE NATIVE HAWAIIAN;

HAWAIIAN STUDENTS ARE CONTINUOUSLY OVERREPRESENTED IN SPECIAL EDUCATION PROGRAMS; 35 PERCENT OF STUDENTS DISPLAYING LEARNING DISABILITIES ARE NATIVE HAWAIIAN;

NATIVE HAWAIIAN CHILDREN AT THE PRESCHOOL LEVEL DISPLAY WEAK VERBAL SKILLS--OVER 67 PERCENT OCCUPY THE LOWEST STANINES IN A TEST GIVEN BY THE DEPARTMENT OF EDUCATION AT KINDERGARTEN ENTRY COMPARED TO THE NATIONAL NORM OF 23 PERCENT;

AS NINTH GRADERS, ONLY ONE-THIRD OF NATIVE HAWAIIAN PUBLIC SCHOOL STUDENTS HOPE TO COMPLETE FOUR OR MORE YEARS OF COLLEGE. FIFTY TO SEVENTY-FIVE PERCENT OF THEIR PEERS IN OTHER ETHNIC GROUPS ASPIRE TO COMPLETE COLLEGE. NATIVE HAWAIIANS REMAIN UNDERREPRESENTED IN ENROLLMENT AT INSTITUTIONS OF HIGHER LEARNING;

SEVERE HEALTH PROBLEMS--MOST NOTABLY, HEART DISEASE-- CONTINUE TO PLAGUE MANY NATIVE HAWAIIAN FAMILIES. AN OFFICE OF TECHNOLOGY ASSESSMENT STUDY HAS EVEN FOUND THAT MORTALITY RATES FOR NATIVE HAWAIIANS ARE 34 PERCENT HIGHER THAN THE NATIONAL AVERAGE.

CLEARLY, THE ATTENTION OF CONGRESS, AND THE ASSISTANCE OF THE UNITED STATES ARE DETERMINING FACTORS IN THE EDUCATIONAL PERFORMANCE OF NATIVE HAWAIIANS. WE MUST RECOGNIZE THE SPECIAL NEEDS OF THIS NATIVE GROUP, AND WE MUST STAND READY TO WORK WITH THEM TO ENSURE THAT THOSE NEEDS ARE EFFECTIVELY ADDRESSED.

THE LEGISLATION BEFORE US TODAY, S. 360, PROVIDES A PROMISING OPTION IN ADDRESSING THE NEEDS OF NATIVE HAWAIIANS. THIS MEASURE IS COMPREHENSIVE, INNOVATIVE, PRUDENT AND MOST IMPORTANTLY, RESPONSIVE. AND, IT IS FUNDAMENTALLY SOUND IN ITS EFFORTS TO ENSURE THAT EXISTING NATIVE PROGRAMS REMAIN UNDISTURBED.

MR. CHAIRMAN, AT A TIME WHEN OUR NATION'S COMPETITIVE POWER IS ON THE DECLINE, OUR ATTENTION SHOULD BE FOCUSED ON STRENGTHENING OUR DOMESTIC BASE. SURELY, OUR PEOPLE CAN COMPETE ONLY IF THEY HAVE BEEN PROVIDED WITH THE MEANS TO ACHIEVE. A SOUND EDUCATION IS PERHAPS THE MOST FUNDAMENTAL TOOL THAT AMERICA CAN OFFER ITS CITIZENS. NATIVE HAWAIIANS, AS CITIZENS OF THIS GREAT NATION, ARE IN DESPARATE NEED OF THAT TOOL. IN FORSAKING THEM, WE SIMPLY FORSAKE OURSELVES.

I URGE THE COMMITTEE'S SUPPORT FOR THIS MEASURE.

PREPARED STATEMENT OF MALAMA SOLOMON, PH.D.
HAWAII STATE SENATOR

I wish to speak in favor of Senate Bill 136, a bill to improve the health status of Native Hawaiians.

The recently completed *E Ola Mau*: *Native Hawaiian Health Needs Study* reveals that for more than 1,500 years prior to the arrival of Captain James Cook in 1778, there flourished a generally robust native people. Native Hawaiians adapted well over the centuries to their island ecosystems and developed a lifestyle and a set of cultural values which were the basis for generally favorable health practices, both in promoting wellness and in preventing and treating illnesses.

The values imparted deep concern for *lokahi* (unity) with a living, conscious and communicating cosmos. The values emphasized harmony with self -- *na'au* (mind), *kino* (body), *'uhane* (spirit), and *wailua* (dream soul). equally important was *'ohana* (harmony with kin), *kupuna* (ancestors) and nature. Native Hawaiians recognized what modern science is only now discovering, that health is holistic and revolves around an ingegration of body, mind, and spirit.

Unfortunately, Western contact undermined the Native Hawaiian balance with nature and others. Disease and Western economic, social, and political institutions resulted in many Native Hawaiian deaths and a loss of will to live in a world in which they no longer felt they belonged. The illegal overthrow of the Hawaiian Kingdom by a non-Hawaiian oligarchy in 1898 continued the abuse and humiliation of Native Hawaiians.

Despite a long and proud past of healthy lifestyles and cultural values, Native Hawaiians today rank among the highest for all disease indicators. They have lower life expectancy, high infant mortality, high rates of diabetes, heart disease, suicide, and cancer. The statistics go on and on. Why are the statistics so poor despite our modern health care systems?

While the answers are many and complex, one reason for the poor health statistics of Native Hawaiians is clear - the health care system in Hawaii has not provided adequate and appropriate services for Native Hawaiians. It is for this reason that I speak in favor of Senate Bill 136. The bill provides a comprehensive approach to resolving health problems and it also recognizes the importance of incorporating Hawaiian cultural values and practices as alternatives to Western medical care. The bill will provide funding for: (a) special illness prevention and health promotion programs; (b) health scholarships to encourage young people to enter the health professions; and (c) health care referral services.

Another important feature of this bill is that it requires that Native Hawaiians be involved at the outset in the planning, design, implementation, and evaluation of the activities funded. For too long, Native Hawaiians have been excluded from the process of designing health programs for themselves. And, for too long, the absence of Native Hawaiians in the planning process has resulted in ineffective and culturally-insensitive health care programs.

The United States Congress is to be commended for recognizing the importance of including Native Hawaiians in the planning process. This feature will have a long lasting and empowering effect for Native Hawaiians.

The United States Congress will take an important step in improving the health status of Native Hawaiians with the passage of this bill. Thank you very much for your consideration of this bill. Aloha.

I wish to testify on behalf of Senate Bill 360, a bill to improve the educational status of Native Hawaiians by developing supplemental educational programs, by focusing resources, and by supplementing and expanding existing programs.

The State of Hawaii alone cannot meet its educational obligations to the Native Hawaiian people. Studies have documented the simple fact that two hundred years after the arrival of Captain Cook, and twenty-eight years after Statehood, the Native Hawaiian people continue to be the highest risk group on virtually every indicator of health, education, and social status (e.g., E Ola Mau Report, 1985; Native Hawaiian Educational Assessment Project, 1983).

Today, Native Hawaiian youth score among the lowest groups on every measure of educational progress including standardized achievement tests, school attendance, school adjustment, high school graduation, and college enrollment. They are over-represented in special education classes and other compensatory education programs (e.g., Hammond & Paleka, 1985).

Without the benefits of education, it is unlikely that Native Hawaiian people will ever be able to raise their social status and to participate fully in determining their own destiny. It is true that the Governor of our State is Hawaiian and it is true that many other individuals of Native Hawaiian ancestry occupy positions of leadership in our community. But, these individuals are few in number in proportion to the large number of Native Hawaiian people who continue to remain disenfranchised from our social, political, and economic system (Kanehele, 1986).

Our school system has required Native Hawaiian youth to adjust to methods of learning and patterns of behavior which are discontinuous with their own culture. Research at the Kamehameha Schools has shown that when Native Hawaiian youth are given the opportunity to learn through the use of culturally sensitive methods, their school performance improves dramatically. Thus, it is not a question of ability, it is a question of sensitivity and opportunity. Senate Bill 360 will provide Native Hawaiian people with a chance to alter their educational status by providing support for five major programs: (1) A Native Hawaiian Model Curriculum Project, (2) a Native Hawaiian Family Based Education Center, (3) a Native Hawaiian Higher Education Demonstration Program, (4) a Natiave Hawaiian Gifted and talented Demonstration Program, and (5) a Native Hawaiian Special Education Program.

Each of the programs included in Senate Bill 360 addresses a specific educational problem faced by the Native Hawaiian people. Independently or alone,none of these programs would be successful in resolving the problems before us but in combination, the programs provide a potent resource for altering the current situation.

The Native Hawaiian people are not asking for any form of undeserved support. They recognize that it is only through educational achievement that they will be able to assume their rightful role as a full participant in the affairs of our State.

Currently, there are a number of efforts in our State to assist the Native Hawaiian people in altering their educational status. The Kamehameha Schools have a number of programs for youth in grades Kindergarten through high school. The State Department of Education is also expanding their efforts through collaborative programs with The Kamehameha Schools and the University of Hawaii. Further, the University of Hawaii has begun to address Native Hawaiian educational needs through the development of a Hawaiian Studies Program and through increased recruitment of Native Hawaiian students.

As Chairperson of the State of Hawaii Senate Higher Education Committee, I wish to assure you that I will do all in my power to assist Native Hawaiians in their efforts to improve their educational status. We are creating new opportunities for Native Hawaiians to alter their current circumstances. The programs inlcuded in Senate Bill 360 are compatible with those which we are developing in our State. I am confident that working together, the Federal and State governments can forge a new and powerful partnership that will enable Native Hawaiians to build a rewarding and successful future for theiir children. Thank you very much and aloha.

PREPARED STATEMENT OF THE HONORABLE SPARK MATSUNAGA
A U.S. SENATOR FROM HAWAII

Mr. Chairman, as an original cosponsor of S. 136 and S. 360, I appreciate having this opportunity to express my strong support for the bills, and only regret that I am unable to testify personally at these hearings because of a prior engagement.

S. 136, To Improve the Health Status of Native Hawaiians

S. 136, a bill to improve the health status of Native Hawaiians would acknowledge what we in Hawaii have known for some time--that Native Hawaiians are a medically underserved population and suffer a higher incidence of heart disease, hypertension, cancer, diabetes and other illnesses than any other segment of Hawaii's population. Further, the bill recognizes that most of these illnesses can be prevented through changes in lifestyle and diet and with better, more timely medical care. Finally, S. 136 would make it possible for Native Hawaiians to help themselves by authorizing grants for the establishment of disease prevention and health promotion programs which are planned and operated by Native Hawaiian organizations within the Native Hawaiian community. The U. S. Department of Health and Human Services would also be authorized to award contracts to Hawaiian organizations for the establishment and operation of health referral services. Up to $800,000 would be provided to plan for the establishment of community health centers to serve Native Hawaiians, and an additional $2.8 million would be authorized for the establishment of such community centers. Finally, Public Health Service scholarships would be provided for Native Hawaiians interested in pursuing careers in the health professions.

In my opinion, the bill's emphasis on prevention and self help are its most outstanding and attractive features. While it quite rightly reinforces the existing trust relationship which exists between Native Hawaiians and the federal government--which has been too often ignored in the past--it does not establish a new federal bureaucracy to administer Native Hawaiian health care programs, nor does it seek to make Native Hawaiians permanently "dependent" on the federal government. According to the old saying, it is better to teach a man to fish, and feed himself, rather than simply to give him food. Our bill, in line with this philosophy, would provide Native Hawaiians with the means to establish and operate their own disease prevention and health promotion programs.

S. 360, To Improve the Educational Status of Native Hawaiians

Mr. Chairman, by the same token, S. 360 would provide the means for Hawaiians themselves to improve educational opportunities for Hawaiian children. As long ago as 1975, Alu Like, Inc., a private nonprofit corporation funded by the Administration for Native Americans under the Native Americans Programs Act of 1974, undertook a survey of the Native Hawaiian community which revealed that education is high on the list of priorities of Hawaiian parents. In part, this finding probably reflects the relative youth of the Hawaiian population--nearly one-half is under the age of 25. It also reflects a growing awareness of and frustration with an educational system which has largely failed to motivate Hawaiian children, ignored Hawaiian cultural values and history and has left young Hawaiians unprepared to earn a living wage in an altered society.

Since 1975, the Hawaii congressional delegation has tried in a variety of ways to improve the educational status of Native Hawaiians. In 1977, we introduced S. 857, a bill which would have included Hawaiians in the Indian Education Act. In 1979, we sought passage of "The Native Hawaiian Education Act," a separate program for Native Hawaiians. Our bill passed the Senate during that Congress but, in conference with the House, its major provisions were deleted. Instead, the conferees approved language providing for a study of Native Hawaiian education to be conducted jointly by Kamehameha Schools and the U. S. Department of Education. In 1981, funds for the study were stricken from the federal budget by the incoming Reagan Administration. Nonetheless, the study was conducted with the cooperation of the Department of Education and funding provided by the Kamehameha Schools. The resulting report was published almost four years ago, on March 21, 1983. Finally, in the 99th Congress (1985-86), the congressional delegation again sought to include programs for Native Hawaiians in the Indian Education Act.

Although the above recital may sound somewhat discouraging, I believe that our bill's time has come at last. Not only is the new Chairman of the Senate Select Committee on Indian Affairs (Sen. Inouye) highly sympathetic, but it appears that we will also have the support of key members of the House Education and Labor Committee and the Senate Labor and Human Resources Committee, which have legislative jurisdiction over education bills. I am encouraged enough to say that I believe this bill could be passed by Congress this year, perhaps as part of a comprehensive measure to extend the Elementary and Secondary Education Act.

The 100th Congress bill, S. 360, would authorize federal support in the amount of $3 million in Fiscal Year 1988 to implement the Kamehameha Elementary Education Program (KEEP), a model curriculum for Hawaiian children, in selected public schools throughout the State of Hawaii. The funds would be used for teacher training at the University of Hawaii, educational support services provided by the State Department of Education, and for continued research, development, and evaluation by the Kamehameha Schools. Secondly, the bill authorizes federal grants in the total amount of $2.4 million to Native Hawaiian organizations for the establishment of family-based early childhood education centers. We know already from our experience with the highly successful federal Head Start program and other early childhood education programs, that early intervention can help ensure educational achievement and can promote a child's love of learning. Our bill seeks to enable Native Hawaiians to engage in this type of early intervention and to give their children a "head start" in education.

S. 360 also authorizes $1.5 million in grants and contracts to Native Hawaiian organizations and the State of Hawaii to identify Native Hawaiian children with special needs--those who are learning disabled, mentally retarded, or physically handicapped--and to establish programs to meet their educational needs.

Finally, the bill authorizes two important demonstration programs: first, a program which would permit Kamehameha Schools to provide fellowships to Native Hawaiian children who wish to pursue higher education and postgraduate degrees, and, second, a program to meet the needs of Native Hawaiian children who are gifted or talented.

To close with another ocean-related analogy, Mr. Chairman, it has been said that a rising tide lifts all boats. As our great nation and state head into the 21st Century, we cannot afford to leave behind any segment of our population. To ensure a better and brighter future for Hawaii, we must ensure a better and brighter future for Native Hawaiians. Better health and increased educational opportunities are two of the most important components of this future, and I urge the Committee to give favorable consideration to S. 136 and S. 360.

Thank you very much.

PREPARED STATEMENT OF JAMES T. SHON

Your hearing is well-timed, because, as the new Chair of the House Health Committee now in the midst of decision making, I can report we strongly concur with the findings of Bill S. 136.

For 1000's of years, the vast Pacific Ocean isolated the Polynesian people from many disease agents and vectors left behind when they sailed away from the continents. Modern transportation has quickly broken down that barrier, but disease resistance may take many generations to build up. Senate Bill 136 is precisely what is needed to insure a healthful future for the first arrivals to the Hawaiian Islands.

Section 9 proposes that a Pacific Basin disease research institute be constructed at the University of Hawaii with 50% federal cost sharing. Indeed there are native Americans throughout Pacific territories and the Commonwealth of the Northern Marianas that would benefit greatly from such a research facility in Hawaii. My main concern is that the very high costs of capital improvements might compete with providing services to the beneficiaries. Thus, special effort may be needed to secure research facility funding without subtracting from funds required to fulfill the needs of native Hawaiians.

Our House Committee on Health is currently supporting a number of projects which would impact on Native Hawaiians, or on areas with a high population of Native Hawaiians. Among our efforts are:

- additional funds recommended to the State Department of Health for research of importance to the State. The Director of Health has already indicated that the health of Native Hawaiians is among his highest priorities;
- additional funds to support the Waianae Coast Comprehensive Health Center and their plans for expansion;
- additional funds for Child Abuse Prevention targeted to low income areas, some of which have a high percentage of Hawaiians;
- programs for health education and nutrition counselling targeted toward groups on West Kauai, and encouraging the traditional Hawaiian diet as an alternative to the junk foods of modern life.
- programs to encourage conflict resolution in communities where violence is prevalent.

We are, therefore, pleased to lend our encouragement and support to your efforts.

Mahalo for this opportunity to testify.

Aloha,

James T. Shon

JAMES T. SHON
Chair, Health Committee

PREPARED STATEMENT OF JOHN C. LEWIN, M.D.

AS THE NEW DIRECTOR OF HEALTH OF THE HAWAII STATE DEPARTMENT OF HEALTH, I WELCOME THIS OPPORTUNITY TO TESTIFY IN SUPPORT OF SENATE BILL NO. 136 -- A BILL TO IMPROVE THE HEALTH STATUS OF NATIVE HAWAIIANS.

THE TIMING OF THE BILL IS ESPECIALLY APPROPRIATE AS THE COMMUNITY AND THE GOVERNOR OF OUR STATE HAVE RECOGNIZED THIS YEAR AS "THE YEAR OF THE HAWAIIAN." THE YEAR IS TO RECOGNIZE THE ACCOMPLISHMENTS OF THE ORGINAL PEOPLE OF THESE ISLANDS AND THEIR DESCENDANTS. AT THE SAME TIME WE RECOGNIZE THE SPECIAL GROUPS OF INDIVIDUALS WHO HAVE FARED POORLY IN THESE YEARS OF RAPID CHANGE. MANY OF THESE ARE OUR NATIVE HAWAIIANS.

THE DEPARTMENT OF HEALTH HAS BEGUN TO INSTITUTE AND DEVELOP NEW PROGRAMS TO COMBAT UNIQUE PROBLEMS, BUT MORE NEEDS TO BE DONE IN A MANNER WHICH IS TAILORED TO A CONCERTED EFFORT ON BEHALF OF THE NATIVE HAWAIIAN POPULATION.

THE DOCUMENTATION OF HEALTH PROBLEMS UNIQUE TO HAWAIIANS HAS BEGUN. FROM A PUBLIC HEALTH STANDPOINT, AND FROM MY PRIOR WORK WITH THE NATIVE AMERICANS ON INDIAN RESERVATIONS, I AM IN ACCORD WITH THE APPROACHES SPELLED OUT IN THIS BILL TO INVOLVE THE PEOPLE WHO ARE MOST AFFECTED IN THE PLANNING, MANAGEMENT, MONITORING AND EVALUATION OF PREVENTIVE SERVICES AND HEALTH CARE PROGRAMS AIMED AT MAKING A MAJOR IMPACT ON THE APPALLING HEALTH STATUS OF THE NATIVE HAWAIIAN.

FURTHER, WITH THE GENERAL GUIDANCE AND SUPPORT OF THE PROPOSED ADVISORY COMMITTEE AND OF THE MAJOR ORGANIZATIONAL REPRESENTATIVES OF PERSONS OF NATIVE HAWAIIAN ANCESTRY, OUR STATE DEPARTMENT OF HEALTH, UNDER THE MANDATE OF OUR NEW GOVERNOR, WISHES TO OFFER AND INVOLVE THE SERVICES, PROGRAMS, AND FACILITIES OF OUR DEPARTMENT, AND OF MORE THAN 5000 PERSONNEL ALREADY IN PLACE IN EVERY REGION AND COMMUNITY WITHIN OUR STATE, TO FURTHER THE PURPOSES OF THIS BILL.

THE DEPARTMENT WISHES TO MAKE TWO RECOMMENDATIONS.

1. THE DEPARTMENT OF HEALTH DESIRES TO BECOME AN ACTIVE AND FULLY INVOLVED PARTICIPANT AND ASKS THAT THE TERM OF MEMBERSHIP ON THE ADVISORY BOARD OF THE DEPARTMENT OF HEALTH BE EXTENDED FROM TWO TO THREE YEARS, BECAUSE OF ITS EXPERTISE AND THE NEED FOR CONTINUITY OF SERVICE.

2. THE DEPARTMENT EXPRESSES SOME CONCERNS REGARDING THE PROPOSED SECTION IX, PACIFIC BASIN DISEASE RESEARCH INSTITUTE. ALTHOUGH THIS IS A WORTHY ADDITIONAL ASPECT OF OUR CONCERNS REGARDING THE POOR HEALTH STATUS OF NATIVE HAWAIIANS, IN SPECIFIC, AND OF PACIFIC ISLANDERS, IN GENERAL, THIS MAY DILUTE THE INTENDED EFFORTS. WITH PRESUMABLY LIMITED FUNDING AVAILABLE, OUR RECOMMENDATIONS IS TO FUND THIS SECTION AS A SECOND PRIORITY AND NOT AT THE EXPENSE OF THE MAIN FOCUS OF THE LEGISLATION.

ON BEHALF OF THE HAWAII STATE DEPARTMENT OF HEALTH, I, AS ITS DERECTOR, STRONGLY ENDORSE SENATE BILL NO. 136, AND WILL ASSIST THE COMMITTEE ON INDIAN AFFAIRS IN WHATEVER MANNER NEEDED TO MEET THE PURPOSES OF THIS BILL.

PREPARED STATEMENT OF DR. JERROLD M. MICHAEL

Senator Inouye, distinguished members of the committee, I am Jerrold Michael, Professor of Public Health and Dean of the School of Public Health, University of Hawaii.

The major testimony from our university on this bill will be presented by Dr. Anthony Marsella, Vire-President for Academic Affairs. It gives me great pleasure to testify on Senate Bill 136's health content.

While it is true that federal support of health care programs for Native Hawaiians has made a major and positive impact on the health of Native Hawaiians, it is also true that much further enhancement is necessary if Native Hawaiians are to experience a level of health and life quality in parity with their brothers and sisters of other ethnic backgrounds in Hawaii and on the mainland U.S.

In our State of Hawaii we can boast of having one of the healthiest and longest living populations in the Nation. However, Native Hawaiians experience overall the poorest health status of any ethnic group in the State as measured by infants born underweight, in congenital abnormalities, and in adults with diabetes, heart disease, hypertension and several forms of cancer.

Native Hawaiians have the shortest overall life expectancy of any ethnic group and the highest levels of infant mortality. Native Hawaiian pregnant women are the highest in several areas of prenatal risk of any ethnic group. Native Hawaiian children have the poorest dental health status of Hawaii's children. Suicide among young adult males, drug and alcohol use, and general mental health needs are all often greater among Native Hawaiians. Many other areas of diminished health status may be cited to highlight the unacceptable public health fact that Native Hawaiian health status is and has been for sometime a pressing problem, a daily tragedy, and an ethically compelling embarrassment for a state and a nation so richly endowed with human resources.

Subsequent to the Native Hawaiian Health Needs Study conducted by the local university/community collaborative task force, the Office of Technology Assessment of the U.S. Congress conducted a study of Mortality Data on Native Hawaiians. The paper contrasts Native Hawaiian health status with that of "U.S. All Races". Their findings are compelling and disturbing:

> "Overall, Native Hawaiians have a death rate that is 34% higher than the death rate for U.S. All Races...Hawaiians (as distinct from Part-Hawaiians) have a death rate that is 146% higher than the U.S. All Races population, while Part-Hawaiian...are 17% greater than the rate for U.S. All Races population."

Most notable in the report is the startling findings that Hawaiian's death rate is 177% higher for heart disease, 126% for cancers, 145% higher for cerebrovascular disease, and 588% for diabetes mellitus. These rates are clearly unacceptable and a call to arms in a fight for restoring years of life lost to the Hawaiian people.

The University of Hawaii's School of Public Health has appreciated a long history of cooperative activities with community and university colleagues in efforts to improve the health of Native Hawaiians. Recently, five of our faculty contributed to the Native Hawaiian Health Needs Study which can be presented as the most definitive statement on Native Hawaiian Health to date. Research cited in the report by School of Public Health faculty in several areas of Native Hawaiian Health has illuminated health needs related to cardiovascular disease, hypertension, cancer, dental disease, mental health, drug and alcohol use, nutrition, and congenital deformities, to name just a few. Our faculty remains committed to practical research efforts to further clarify the health status of Native Hawaiians.

The school's Health Careers Opportunity Program continues to reach out to the community to recruit and train Native Hawaiians for professional positions in Hawaii's health economy. This is not an easy task in that a great many native Hawaiian young people follow career paths which preclude preparation for graduate training in public health. Nevertheless, the School will maintain a steady commitment to training, and to research and advocacy for the overall improvement of Native Hawaiian health.

In the future, the University of Hawaii School of Public Health hopes to strengthen its efforts on behalf of Native Hawaiians by participating in initiatives which complement the spirit and intent of S. 136. Faculty of the School will continue to energetically contribute to scholarly inquiry related to Native Hawaiian health needs. Likewise, the School will continue to recruit Native Hawaiians into its master's and doctoral programs. And, the School will continue working with Native Hawaiian health-oriented institutions such as Alu Like and the Waianae Coast Comprehensive Health Center.

Most notable in the future for contributing to the improvement of Native Hawaiian Health is Governor John Waihee's initiative to establish a Pacific Health Promotion and Development Center. A cooperative effort of the State Department of Health, the Hospital and Medical communities of Hawaii, the University of Hawaii, and the people of the Pacific, this new center will not be a bricks and mortar structure, but an aggregation of academic and community resources devoted to the enhancement of health of the peoples of the Pacific. As Governor Waihee has noted, the mission of the center will be

> "...the identification and application of practical solutions to health care problems of the Pacific. It would provide continuning professional and technical education outreach, experiment with low-cost efficient means of resolving major environmental and administrative problems, assist Pacific Governments with long range health planning, and extend health promotional efforts."

It is our intent to be maximally supportive of this initiative and to advocate that a priority for the Pacific Health Promotion Development Center's energies within Hawaii be devoted to the improvement of Native Hawaiian health in ways which complement the activities supported by S. 136.

We are very interested in seeing the passage of S. 136. It is an excellent beginning to addressing the vital health needs of the Native Hawaiian people.

I and my colleagues in the School commend you for the authorship of the Bill. I thank you for this much appreciated opportunity to comment on the proposed legislation.

PREPARED STATEMENT OF NALEEN NAUPAKA ANDRADE, M.D.

In 1985, under the auspices of the Department of Health and Human Services, a study was conducted by a consortium of researchers, to determine the Health Care Needs of Native Hawaiians. Five task forces - medical, mental, nutrition/dental, historical/cultural and strategic planning - analyzed existing data on Native Hawaiian Health and made recommendations contained in a five volume report entitled, E Ola Mau, The Native Hawaiian Health Needs Study.

The E Ola Mau study documents the near-fatal physical, psychological, spiritual and cultural devastation of Native Hawaiians since 1778. The devastation continues today, and if left unchecked will result in the extinction of an entire race of people along with their culture, and spiritual traditions.

The Medical Task Force of this Native Hawaiian Health Needs Study made the following recommendation:

> "A Native Hawaiian umbrella Agency needs to be established to monitor the health needs of Native Hawaiians, to oversee the implementation of the recommendation of the Native Hawaiian Health Needs Study, and to make recommendations to health care organizations on behalf of Native Hawaiians... To advocate change in the existing structure of health care organizations and developing new programs for Native Hawaiians. A special federal grant should provide resources to this organization, including salary for a full-time administrator."

This recommendation was the catalyst for our group of Native Hawaiian health professionals (who were part of the Research Consortium) to continue meeting and formally organize in March 1986. We chose the name E Ola Mau - to live on! - because we believe the work of the E Ola Mau Study must live on and be implemented. E Ola Mau presently consists of over 40 Native Hawaiian health professionals - kupuna and kahuna lapa`au (traditional healers), nurses, dental hygenists, nutritionists, physicians, psychologists-in-training, social workers, pharmacists, community outreach workers, and others from almost every facet and and level of health care. We form a state-wide network encompassing every island, including the Native Hawaiian health care professionals who serve the people of Niihau. E Ola Mau's mission is to insure that we Native Hawaiians achieve lokahi, and function effectively as citizens and leaders in our homeland. Lokahi is the healthful harmony of the self (body, mind and spirit) with others and all of Nature. Lokahi is the Hawaiian word for Health Promotion Disease Prevention.

To fulfill our mission E Ola Mau is developing a Comprehensive State-Wide Native Hawaiian Health Care Master Plan. This plan includes a health promotion, disease prevention program which will attempt to address the unique (based upon specific historical/cultural traditions) health care needs of Native Hawaiians. The implementation of the Master plan would involve activating and coordinating a functioning network of existing federal, state, county, community and private organizations. At the core of this Master Plan are three founding principles:

(1) To alleviate suffering, and promote, restore and maintain Lokahi.

(2) The guiding force of the community network is based upon the `ohana concept - that as a group member, each individual person (or organization) contributes their own expertise and resources to accomplish the task. The task is to address the Health needs of our Hawaiian

people. To illustrate how E Ola Mau's Master Plan could work I would like to give a specific example.

High Blood Pressure (hypertension) is a devastating disease for Native Hawaiians with its associated risk of Heart Disease, stroke, toxemia, End-Stage Renal Disease, and death. Native Hawaiian women have the highest prevalence rates (86.7/1,000) of high blood pressure when compared to other ethnicities in our state. Native Hawaiian men from ages 45-64 have the highest death rates from high blood pressure and stroke (7.5/100,000 and 73.4/100,000 respectively compared to 1.6/100,000 and 42/100,000 respectively for non-Hawaiians). Full blooded Native Hawaiian men age 65 and older die at exorbitantly higher rates from high blood pressure (117/100,000) and stroke (1,130.6/100,000) when compared to 19.0/100,000 and 393.1/100,000 respectively for Non-Hawaiians.

An analysis of geographical prevalence rates of hypertension indicate that Part-Hawaiians in Honolulu have the highest rates. Part-Hawaiians in Kauai have moderately high rates and Native Hawaiians on Moloka`i have the lowest prevalence for hypertension. Pure Hawaiians in Wai`anae and Kauai have the highest rates while Pure Hawaiians on Moloka`i have the lowest rates.

In addition, education level was used as a socio-economic index and compared with prevalence rates. This analysis showed that Native Hawaiians with less than 12th grade education had the highest rates of hypertension. The trend shown was that the higher the education level, the lower the hypertension rates. Thus, hypertension is associated with lower socio-economic levels.

Given this analysis of the Hypertension Problem, E Ola Mau would suggest addressing this problem in the following way:

From a genetic stand point we are dealing with full-blooded and part-Hawaiians. These can be separated into two major groups:

(1) Those who have High Blood Pressure ages 35 years and older, and

(2) Those who are at risk for High Blood Pressure ages younger than 35.

Some key questions to evaluate and research would be: How to control High Blood Pressure? How to prevent it? And to Understand why it is high on O`ahu, moderate on Kauai and low on Moloka`i?

The geographic sites involved would be on O`ahu - Honolulu and Wai`anae, Kauai and Moloka`i.

For those with Hypertension we must address medical treatment, nutrition, physical fitness and Health Education. Pivotal to the effective treatment of this group - who currently under-utilize health services - are the Community Network and the Community Outreach worker, along with traditional healers and Western trained health personnel. These outreach workers are crucial in forming the bridge between the Western and Hawaiian world of medical treatment.

For those who are at risk, prevention through education of Hawaiian healing concepts and success in the existing educational system is crucial. Pivotal to the success of this area is the Office of Hawaiian Affairs, the Kamehameha Schools, the Department of Education, and the Department of Health.

This plan for Hypertension would involve a networking - based on expertise and function - of Alu Like Inc; The State Department of Health and Education; the University of Hawaii Schools of Medicine, Nursing, Public Health, Psychology and Social Sciences; OHA; Kamehameha Schools; Queen's Medical Center; Wai`anae Community Comprehensive Health Center; Community groups such as Hale Ola in Wai`anae, Ho`ola Lahui on Kauai and Na Pu`uwai on Moloka`i. I will not go into detail about the exact function of each organization but the point to be made is that every available resource Federal, State, county, community and private - will be utilized in the implementation of this Master Plan.

Senate Bill 136 offers Native Hawaiians an opportunity to heal themselves. We of E Ola Mau believe that our mission and work make us invaluable in the development, coordination and implementation of a Native Hawaiian Health Care Master Plan. We believe that the current Bill as written with an Advisory Board is too cumbersome and ill-defined in terms of responsibilities. E Ola Mau would like to recommend that the Native Hawaiian Health Promotion Disease Prevention Board be replaced by Papa Ola Lokahi. This Board would consist of E Ola Mau, The Office of Hawaiian Affairs, Alu Like Inc., The University of Hawaii School of Medicine (who would involve other University Departments as their expertise was needed) and the Wai`anae Comprehensive Health Center. This Board was selected after discussions between E Ola Mau and OHA - who are currently the certifying organizations for this Bill. Both OHA and E Ola Mau believe each of these organizations, by virtue of their expertise and ongoing record of sensitivity and commitment to serving Native Hawaiians, should be an integral part of our Native Hawaiian Health Care Master Plan.

The responsibilities of this Papa Ola Lokahi would be to develop, administrate, coordinate, implement, monitor, and evaluate a comprehensive state-wide Native Hawaiian Health Care Master Plan by utilizing existing Federal, State, County, Community and Private resources. Papa Ola Lokahi would oversee the awarding of contracts and grants, and certify Native Hawaiian Organizations. This Board would also prepare quarterly and annual reports to the Secretary of Health and Congress. Papa Ola Lokahi would serve for the duration of the project, and would select, based on needed expertise, a consulting Board from various Federal, State, County, Community and Private organizations to help them accomplish the task of achieving and maintaining Lokahi.

E Ola Mau is a group of Native Hawaiian healers. We personify an element that has long been missing in Hawaii. And that is the healing bridge between the Hawaiian and Western worlds. The people of the United States including Hawaii have given us their trust, and their hard-earned tax dollars that have supplemented our educational expenses - we owe them. We have a responsibility to our fellow Hawaiians who have not had educational opportunities, to help create a bridge between the Western and Hawaiian world. For we of E Ola Mau have succeeded in the Western World, while at the same time our foundations are firmly planted in the traditions and ways fo our Hawaiian ancestors.

We thank you all for your efforts and hard work . We ask for an opportunity to prove to you and to our people that with guidance, integrity, expertise and proper coordination we Native Hawaiians can turn this tide of devastation, and be effective citizens and leaders in our own land.

PREPARED STATEMENT OF WAIANAE COAST COMPREHENSIVE HEALTH CENTER

As elected Board members of the Waianae Coast Comprehensive Health Center, we are pleased and honored to come before this distinguished committee and offer full support to your efforts to pass S.136, "To improve the health status of Native Hawaiians".

With 67,000 patient visits annually, the Health Center is the largest provider of primary health care to a predominately Native Hawaiian patient population. We provide medical, dental, emergency room, health education and related services to a community which otherwise would not receive such services. Our experience with the epidemiology of the patient population of the Waianae Coast Comprehensive Health Center confirms the poorer Hawaiian health profile described by "E Ola Mau, The Native Hawaiian Health Needs Study".

The Waianae Coast Comprehensive Health Center is partially funded by the U. S. Public Health Service Community Health Center Program (Section 330). We have utilized these federal dollars to move from a position of extreme medical underservice to one of relative self-sufficiency over the last 15 years. In 1979, for example, the federal share of our total budget was approximately 50%. Today, because of innovative community involvement, it is half that.

In recent years the Health Center has supported federal efforts to plan and develop primary health care systems throughout the Pacific, most recently through the following projects:

1. Serving as a financial intermediary between the U.S. Public Health Service and the Native Hawaiian Health Consortium for the purposes of producing the "E Ola Mau, Native Hawaiian Health Need Study", as well as actively participating as a member of that study process.

2. Assisting the Public Health Service in the establishment of Kokua Kalihi Valley Health Center as an independently funded PHS 330 primary care project, the second community health center in Hawaii.

3. Contracting with the government of Guam, Republic of the Marshall Islands, Federated States of Micronesia, and the Republic of Palau for the purpose of developing primary health care systems in these jurisdictions.

4. Distributing funds through a network of private providers statewide under the Federal "Jobless Bill" program.

General Discussion on the Bill

In evaluating the legislation being discussed today, the Health Center wishes to comment on the following areas:

A. The Waianae Coast Comprehensive Health Center strongly supports S.136 and urges favorable Senate action on its provisions. The Health Center's support is based on the following considerations:

  1. The legislation has evolved out of a consistent and complete process of needs assessment, strategic planning, and public hearing. It represents consensus amongst interested public, private, and community agencies.

  2. The Bill incorporates primary health care as an important component of a comprehensive model of disease intervention.

  3. S.136 seeks to integrate new initiatives directed at Native Hawaiian health priorities into existing mechanisms provided by federal programs, rather than establishing new, unproven systems.

  4. The model expressed through the legislation provides a decentralized funding approach which offers greater opportunity for dollars to reach community-based projects and ultimately those individuals most in need of such support.

B. The Health Center joins others in proposing the use of the Community Health Center Model as the primary health care vehicle for accomplishing our goals. The following considerations support this rationale:

  1. The Community Health Center (Sec. 330) program has been selected as the strategic approach to primary health care in the "E Ola Mau, Native Hawaiian Health Need Study". This program was considered clearly preferable to the other models which were also reviewed.

  2. There are about 600 federally supported primary care centers in the United States serving 5 million people. They have become a major component of the health care services industry in America. The purpose of these centers is to provide high quality managed care for those people who are most likely to lack access to

health services because of geographic isolation, lack of providers, or financial or cultural barriers.

3. The Community Health Center Program has recently been reauthorized by Congress, which gave endorsement with near unanimous bipartisan support. Why? The program not only builds self-sufficiency and community responsibility, it emphasizes a balance between health intervention and fiscal responsibility. It works, and it gets the most out of federal dollars.

4. For the purposes of improving Native Hawaiian Health, the Community Health Center program is flexible enough to allow for community-based control, while also allowing for the involvement of private health care providers or larger health system. A precedent exists for CHC programs to be operated by established agencies including hospital outpatient departments, with the use of subcontracts to private providers, or as replacements for existing public health-type clinics.

C. The WCCHC supports the formation of a management entity controlled by agencies serving Native Hawaiians to plan, monitor and evaluate funds authorized under this legislation. The following considerations should apply to this function:

1. The priority function of this management entity should be to facilitate the delivery of resources to Native Hawaiian communities and to reach people most in need.

2. The management function should be performed by a relatively small nucleus of agencies most directly involved in the provision of health care to Native Hawaiians. No existing single agency seems focused or structured appropriately to manage this program.

   The Health Center has been approached by E Ola Mau to serve as one of five agencies tasked with administering funds under this program. We endorse this concept, as one that incorporates the resources and perspectives of key Native Hawaiian agencies, while remaining manageable in size and composition. We also encourage the involvement, through specialized advisory committees or task forces, of all other interested agencies mentioned in previous drafts of this legislation who may also become service providers under this program.

D. The WCCHC supports both the financial and programmatic support of the federal government in helping develop a Native Hawaiian Health program. The following apply:

1. The Health Center commends the involvement of the Pacific Operations Unit of Region IX, U.S. Public Health Service and recommends its participation in proposed federal funding under S.136. Under the direction of the Regional Health Administrator, Dr. Sheridan Weinstein, this unit has demonstrated concern for Pacific people and provided valuable expertise to emerging primary health care projects in both Hawaii and Micronesia.

2. While WCCHC supports the integration of proposed health intervention strategies with those already being advanced by the Division of Primary Care Services Bureau of Health Care Delivery and Assistance (BHCDA), it recognizes that funding allocated through this legislative effort must be targeted specifically for Hawaiian-based primary care efforts in Region IX.

Conclusions

S.136 is urgently needed legislation that would provide structure and support for health intervention strategies designed as a result of the Native Hawaiian Health Needs Study. Primary health care is an essential component of the overall intervention model.

The practical outcome of this funding should be the empowerment of Native Hawaiians towards the full utilization and control over monies appropriated under this Bill, the maximum integration of the proposed activity with existing federal initiatives in community health, and ultimately a measurable improvement in the health status of Native Hawaiians.

Respectfully submitted,

Ho'oipo DeCambra
Board Member

Merrie Aipoalani
Board Member

Michael D. Tweedell
Administrator

HEALTH PAGE News about Medicine

By Craig T. Kojima, Star-Bulletin

ALONG THE COAST—Two views from the grounds of the hillside Waianae Coast Comprehensive Health Center. The complex serves residents from Kaena Point to Makakilo.

Waianae Center Shines in Health Field

By Lucy Young
Star-Bulletin Writer

Ask federal healthcare professionals about the Waianae Coast Comprehensive Health Center and they'll sing praises of the center's "prototypical" reputation in providing services and management.

But ask people in town and they probably won't be aware of the center's community-scale operations, let alone its Pacific and nationwide involvement.

The Waianae hillside complex offers a broad range of community-based services, from pregnancy prevention, to 24-hour emergency services, to family practice and dental health services.

The primary community care center, however, is more than that. Begun about 15 years ago after numerous name changes, the program has come a long and successful way since its one-physician beginning.

Dr. Sheridan Weinstein, western regional health administrator for the U.S. Public Health Service, called the Waianae program "prototypical" of what can be accomplished with federal funds set aside for Community Health Center (CHC) Program grants.

ABOUT 18 months ago, Waianae began a series of workshops throughout the Pacific advocating the needs and advantages of community health centers. Since August, the center has been contractually involved with sharing its expansive experiences and expertise with other Pacific communities, which are now trying to develop community health programs of their own.

The link includes sharing of resources and personnel exchanges among the Waianae Center and the Republic of the Marshall Islands, the Republic of Palau, the Federated States of Micronesia, the Commonwealth of the Northern Marianas and Guam.

Weinstein was a featured speaker during this week's Conference of Community Health Centers of the Pacific, held at the Sheraton Makaha Resort. The three-day conference brought together federal, state and Pacific medical authorities in a series of evaluation workshops and pep talks.

"It's a cultural, international kind of exchange that's going on," said Alan Harris, chief of the Office of Grants Management, U.S. Public Health Service.

"THE THING is that while the people from these different islands had visited different health centers, they felt most at home at Waianae, with the sense of value that the Waianae community had invested in their health center."

Mike Tweedell, Waianae Center administrator, said Waianae had experienced the same type of isolation and lack of medical services that these Pacific jurisdictions are now trying to correct.

"There's that sense of camaraderie, almost," Tweedell noted. "There's the whole feeling of Polynesia, literally, that they can relate very well to."

Holding up unattainable models of big medical enterprises such as Queen's Medical Center or Straub Clinic & Hospital Inc. wouldn't be helpful to these Pacific nations, he added. "Waianae provides an example that is real."

The health problems of the Pacific jurisdictions are strikingly similar to those of the Waianae coast, including heart disease, hypertension, cancer, diabetes and high infant mortality rates, according to officials.

Low socio-economic levels, also, is a shared problem in these areas.

WAIANAE program director Richard Bettini estimated that two-thirds of the 30,000 patients who visit the Waianae Center each year have incomes under the poverty level and are Medicaid beneficiaries. Another one-fourth are at the poverty level but can't qualify for Medicaid, he said, adding that these patients are treated for fees that they can afford.

About 67 percent of Waianae Center patients are Hawaiian or part-Hawaiian, Bettini added. Population along the Waianae coast is estimated at 33,000.

These similarities with the other islands provide "greater possibilities for 'transfer' of successful techniques now used at Waianae, Bettini said.

Weinstein said the U.S. Public Health Service will "continue to support Waianae as a 'front-line, technical-assistance contributor'" for the federal CHC program.

There are four main goals of the community health center program, Bettini said:

- To provide primary health care in Pacific areas that have traditionally placed a "great emphasis" on hospital care rather than preventive measures.
- To pull existing, fragmented health services under one coordinated system within a given jurisdiction.
- To retain "local control," to allow health services to account for its "own culture and own governmental mandates, so things are worked within those parameters."
- To have the health system reflect the community's preference for health care, so providers continuously get a "feel" for what the users want and need.

In addition to this ongoing Pacific project, the Waianae complex also has been instrumental in the Native Hawaiian Health Needs Study of the Native Hawaiian Health Research Consortium that was reported last November. The study was requested by the U.S. Senate.

THE CENTER will launch another new project in June 1987, with the opening of a Waianae Health Care satellite station at Campbell Industrial Park. This station will provide services focusing on occupational-type medicine.

Bettini, who has a master's degree in public health and a bachelor's degree in business, attributed the center's success to a combination of good medical and business techniques.

The program, run "halfway between a public health clinic and a private business," has 180 employees, including 11 full-time physicians and 40 para-professionals, Bettini said.

The complex, on 15 acres of land overlooking the Waianae coast, serves residents from Kaena Point to Makakilo, including the communities of Honokai Hale, Nanakuli, Maili, Waianae and Makaha.

MAHALO—Dr. Sheridan Weinstein, left, receives a koa bowl of gratitude from Mike Tweedell, for his continued support of the Waianae program.

By Craig T. Kojima, Star-Bulletin

COMPLETE COVERAGE—Services at the Waianae Coast Comprehensive Health Center include laboratory work, treatment of burns and a 24-hour emergency room.

High Density, Low Income Add Up to Medical Needy

By Lucy Young
Star-Bulletin Writer

High-density populations. Low socio-economic levels within these populations. People of health high-risk groups who live in these low socio-economic areas.

In some regions, these snowballing factors can come crashing in on a community that cannot supply its needy with adequate health care services.

These deficiencies occur in certain "pockets" of Hawaii, said Mike Tweedell, administrator of the Waianae Coast Comprehensive Health Center.

"On the face of it, the statistics look good, (that) Hawaii takes care of its people and there's enough medical insurance for 95 percent of the population," he said.

"But what happens in these pockets...is that there are not enough private practitioners to serve the community," he said.

In addition, Tweedell said, these underserved patients are left "in effect, uninsured."

THE WAIANAE coast has traditionally been such an area. About 67 percent of the health center's patients are Hawaiian or part-Hawaiian, an ethnic group that has been determined to have a high incidence of health problems.

Native Hawaiians have the highest mortality rates, the lowest life expectancy, and the highest incidence of chronic diseases such as heart disease, hypertension, diabetes and emphysema, according to a report last November by the Native Hawaiian Health Needs Study of the Native Hawaiian Health Research Consortium.

In 1972, the Waianae Center received its first federal Community Health Center (CHC) Program grant through the U.S. Public Health Service, which amounted to a little more than $1 million.

The program, which requires strict recordkeeping and annual evaluations, provides funds for medically underserved areas or for health manpower shortage areas.

ANOTHER LOCAL "pocket" region that may be a candidate for these funds is Waimanalo, Tweedell said.

The area has about 6,000 to 7,000 residents and, like the Waianae Coast, a high percentage of Hawaiians or part-Hawaiians, he said.

Waimanalo residents also face medical isolation, as the nearest comprehensive facility is at Castle Memorial Hospital, Tweedell said.

"We see a real potential in Waimanalo for the development of a community health center," he noted, saying there are similar needs in that area that are inherent in the Waianae area.

But Tweedell stressed that such centers must be started and accepted by the people of the community, not by outsiders.

The CHC grant program "takes the tenet that health care is not limited to medical care," said Dr. Sheridan Weinstein, western regional health administrator for the U.S. Public Health Service.

"IT IS family-oriented and it has a sense of community," said Weinstein, who was in Hawaii earlier this week for the Conference of Community Health Center of the Pacific.

After almost four years of funds assistance from the Waianae Coast health center, Kokua Kalihi Valley started a revised community health center on Oct. 1 with a new facility and a grant from the U.S. public health service.

The Kalihi project focuses on the large immigrant population in the area.

David Johnson, temporary coordinator of the Health Surveillance Program of the Department of Health, called the formation of community health centers "controversial."

For one thing, there are no mechanisms for making definitive assessments of need, Johnson said. "We don't really know what the situation is" in a given community.

Also, "you have vested interests," he added. "Some say 'we don't need outsiders' and want to maintain and support the existing methods of care, while others want the outside money and manpower assistance."

"It just depends on who you talk to," Johnson said.

PREPARED STATEMENT OF DAVID B. JOHNSON, PH.D.

Mr. Chairman and members of the Committee, I am David B. Johnson, a member of the Native Hawaiian Health Research Consortium. I participated in the Native Hawaiian Health Needs Study (E Ola Mau) as the Principal Investigator and as a member of the Medical Task Force.

To begin, I would like to state that I generally support the provisions of the Bill to the extent that it provides for continued evaluation of the health status and health needs of Native Hawaiians and to the extent that it provides for increased planning for, and implementation of, plans for improved accessibility, availability, acceptability and quality of health services to Native Hawaiians in the State of Hawaii.

Specifically, I support the FINDINGS cited in Section 1 regarding the health status of Native Hawaiians in terms of their higher risk of and experience higher rates of, diabetes, heart disease, cancer and hypertension compared with the overall population of the State of Hawaii. I also support the findings that Native Hawaiians experience higher rates of mortality and a lower life expectancy than other population groups in Hawaii.

I also support the provisions of the Bill for HEALTH PROMOTION AND DISEASE PREVENTION in Section 3. Specifically I support the provisions in Parts B, C and D which provide for the collection of data related to prevention of disease and illness, and conducting research on prevalence of disease both physical and mental. I also support the provisions in Parts E, F and G which provide for health education, promotion, planning, and for the training of Native Hawaiian community outreach workers to provide health care and education to Native Hawaiians. It is vitally necessary to obtain adequate data in order to understand the current health status of Native Hawaiians. Then it is necessary to utilize this information to implement programs of education, health promotion, planning and to provide health services to Native Hawaiians in a culturally appropriate manner.

I support the provisions of Section 4 which provides for the designation of Native Hawaiians as a medically underserved population for purposes of Section 330 of the Public Health Service Act (42 U.S.C. 254c), and for the provision of planning grants for the purpose of planning community health centers to service needs of Native Hawaiian communities and for the establishment of community health centers under Section 330 of the same Act to provide for the health needs of Native Hawaiian communities. This will greatly enhance the immediate implementation of plans and programs to provide needed health services to Native Hawaiians in a cost effective and culturally appropriate manner. This will allow for Native Hawaiian input and participation in the planning and development of health care services in the communities in which they reside.

I support the provisions of Section 6 of the Bill for HEALTH CARE REFERRAL SERVICES FOR NATIVE HAWAIIANS. Specifically I support parts A, B, C, and D which allow for determining the health status and health needs of Native Hawaiians and for the determination of existing services and resources available to Native Hawaiians. This complements the provisions in Section 3 and prepares the basic information necessary to determine both the health needs of Native Hawaiians and those services and needs which are unmet. It is also important to prevent unnecessary overlap in services and to assure adequate cost effective health care services to the Native Hawaiian population throughout the State. I also support Parts E, F, G and H which allow for familiarizing Native Hawaiians with these services and their utilization and providing for health education of Native Hawaiians and for manpower training to accomplish these objectives. These provisions are important because, unless Native Hawaiians are aware of services and are knowlegeable regarding their use, those services, once they are available, will not be used appropriately. In order to accomplish this, it is important to assure that those who deliver the health services are culturally sensitive and that the services are accessible and are provided in a culturally appropriate manner.

I appreciate the opportunity to submit this testimony in support of S.136 as I am convinced that this is a major step in the direction of fulfilling governmental and societal responsiblity to the Native Hawaiian population in Hawaii regarding the assurance of adequate health opportunities.

PREPARED STATEMENT OF DR. MARGIE CHO SUE

I am Dr. Margie Cho Sue, President of the Hawaii Dietetic Association. We are a group of 200 professionally trained registered dietitians practicing in Hawaii. Our registered dietitians are employed in hospitals, clinics and in public programs throughout the state and serve the Native Hawaiian population. We recognize the severe health problems afflicting the Native Hawaiians and commend you for S. 136 which will provide funding to improve the health status of the Native Hawaiians.

Each of the diseases which afflicts the Native Hawaiian so severely by shortening their life span and by adding to their suffering can be related to nutritional factors. Specifically, fat, cholesterol, sugar, sodium and fiber intakes have been implicated in diabetes, heart disease and cancer. Understanding the interrelationship of food choices to wellness is critical in designing programs for health promotion and disease prevention. We are convinced that preventive nutrition programs can reduce the complications of these chronic diseases.

The registered dietitians are the recognized professional experts who translate nutrition principles into food practices. Inclusion of registered dietitians on comprehensive health teams are essential when seeking solutions to health problems of the Native Hawaiians.

We thank you for this opportunity to testify in support of S. 136 today.

HAWAII DIETETIC ASSOCIATION
HONOLULU - HAWAII

March 13, 1987

Senator Daniel K. Inouye
United States Senate
722 Hart Building
Washington, D.C.

Dear Senator Inouye:

We are truly grateful for the opportunity to participate in the hearings for S. 136 held in Honolulu on March 6, 1987. I regret that I was unable to attend the hearings but I understand that Claire Hughes provided an impromptu reading of our testimony.

We would like to offer the following addendum as rationale for our testimony and to clarify our purpose.

Sincerely,

Margie Cho Sue

Margie Cho Sue, Ph.D.

Addendum testimony submitted March, 1987.

Currently, third party payment for ancillary medical services and preventive health services is not available. Therefore, many of our Native Hawaiian patients are seen when their health conditions have deteriorated to a point of such severity as to require acute intervention. Prognosis is poor when diseases have been allowed to advance to this point. And it is so disheartening to watch these patients conditions worsen inspite of their efforts, and ours, to manage and control the disease. S. 136 will provide for earlier intervention, less suffering and less loss of health and less loss of productivity.

Health promotion and disease prevention programs require the efforts and interdisciplinary health teams to effect lifestyle changes. The training of and support for the Native Hawaiian community outreach workers should be done by experts in many segments of the health professions to assure success. Given the complexities of the lifestyle changes, the severity of the diseases and the multi-faceted environmental conditions, these community workers should be made up of a diverse group of health professionals. We, therefore, offer a recommendation for rewording of: Section (3) (a) (2) (E), line 19, page 8. It should read:

> provide for education in health promotion and disease prevention in the Native Hawaiian population by Native Hawaiian community outreach workers and Native Hawaiian health professionals:

PREPARED STATEMENT OF KU'ULEI RICHARD, M.P.H.

Aloha 'auinala(Good Afternoon) Mr. Chairman and members of the Select Committee on Indian Affairs. I am Ku'ulei Richard, Director of Hale Ola Ho'opakolea, a private non-profit, community based organization whose mission is to promote wholistic healing through Hawaiian cultural practices, using the positive life styles, spiritual values, communication skills and beliefs of Native Hawaiians. Particular emphasis is to be on people of Hawaiian ancestry and people in need whose cultural patterns are vital to their well-being.

Hale Ola Ho'opakolea means to "make straight as in a child's crooked limb", our major focus being Mental Health Services. Hale Ola is a Cultural Healing Center located in Nanakuli and serving the residents of the Wai'anae Coast, as well as being a consultation agency for the University of Hawai'i School of Medicine, and the State Departments of Education and Health on Native Hawaiian healing practices such as Ho'oponopo (A Native Hawaiian Family and Group Therapy).

Our service providers are primarily Native Hawaiian Community Outreach Workers (or para-professionals) who serve as counselors to the Wai'anae Coast Community. In addition Hale Ola utilizes a formal network of Kupuna and Kahuna Lapa'au (Traditional healers) whose function is to help our Counselors create a bridge for our Native Hawaiian clients who underutilize the existing Western Health care systems. In addition we have regular clinical supervision from a Native Hawaiian Psychiatrist who is a faculty member of the Dept. of Psychiatry at the University of Hawai'i Medical School.

Hale Ola began in 1980 as a community vision to have Native Hawaiians helping to heal Native Hawaiians. With the help of Alu Like Inc., Hale Ola began serving Native Hawaiians on the Wai'anae Coast in 1981. We currently service approximately 500 Native Hawaiians on the Wai'anae Coast. We have programs for the Chronically Mentally Ill, Family problems, and school children with Behavioral problems.

Our present operations, with its foundation of Community Outreach Workers whose healing perspective is Native Hawaiian, make Hale Ola Ho'opakolea an ideal and creative model for the delivery of Mental Health Services for Native Hawaiians.

It is with great enthusiasm and hope that we support Senate Bill 136, for it represents a priceless opportunity for our Native Hawaiian people.

Mahalo nui loa ia oukou apau- Thank you all very much for this opportunity to present Testimony on behalf of Hale Ola Ho'opakolea.

*See Addendum on Team Building by Hale Ola Ho'opakolea.

Team Building - the Hawaiian Way

(Presented by Leonard Kwan, Jr., Director of Hale Ola o Ho'opākōlea * to the Head Start Project Staff, Wai'anae Recreation Center, April 19, 1985.)

Hawaiians have traditionally been a hardworking people who strived for excellence in all that they did. They were not afraid to work hard. As evidenced by their impressive acres and acres of taro fields, which were created, and maintained by hand as no domestic animals were used in ancient times. They had the finest tapa in all of Polynesia. They indeed had a rich culture, background, and history.

There is much that can be learned from this culture, and some of the concepts are useful and applicable today. In discussing team building - the Hawaiian way, I thought that it would be helpful to start with a general description of Hawaiians.

Hawaiians place higher value upon affiliation, that is being a part of, or connected to a group, usually the family, over individual achievement. There are many examples of this, and I'm sure some of you have experienced what I am describing. Hawaiians choose to honor commitments to friends, provide assistance to those in need, and feel good when working with others, even when this may result in loss or reduction of material things for themself or their family.

Hawaiians interact on a personal level. It is difficult for them to relate on an impersonal basis. Maintaining interpersonal relationships is very important. Given this need to be accepted by others, certain cultural concepts have evolved which I wish to share with you.

'O iā 'i'o - absolute truth, sincerity.

'O iā 'i' is truth told without innuendo, intentional omission, or slanting of facts and presentation. And it is not only intellectual truth, or what comes from the mind, but it is a truth from one's inner sense of feeling, which for Hawaiians is the na'au or gut. Hawaiians believed that both intellect and emotions, or thinking and feeling, come from the na'au. 'O iā 'i'o also means sincerity of feelings. This kind of sincerity is an essential element for successful human relationships. And such relationships are desired when building a strong working team.

(Hale Ola o Ho'opākōlea is a special community based mental health counseling program of Alu Like, Inc. Located in Nānākuli, Hale Ola provides culturally relevant and appropriate services to residents of the Wai'anae Coast.)

This is not something that most staff will always be willing to do, as it involves emotional risks. Because it means exposing one's deep feelings, and subjecting those feelings to possible threat, or sometimes retaliation from others. This is where the element of trust becomes very important, to the team building process. Trust must be built within the team--it doesn't just happen.

Leaders need to convey a feeling and sense of fairness, understanding, and compassion to help nurture trust among team members.

A high level of trust among team members will mean more effective communications, resulting in enhanced job performance for the individual and entire group.

Effective communication will result in less hihia. Hihia means entanged or entanglement. For this discussion hihia refers to the entanglement of emotions, actions and reactions, all having negative results. It may involve as little as two people, but usually pulls in others, sometimes those who may be quite innocent.

Family example: Parents have an argument, although not directly involved, the children may hear what is said and are affected. They have feelings, which may be anger or hurt after hearing what their parents have said. The hihia relates to the children also being pulled in and entangled emotionally to this parental argument.

Work situation: Two co-workers discuss the poor work performance of another worker. This is overheard by other staff who may then have their own opinion of the worker being discussed, which may be quite different from that of the two having the discussion. This triggers certain emotions within the other staff who have not been pulled in, or are part of the entanglement - hihia.

Hukihuki refers to the constant, opposing emotional pull two or more persons in conflict may exert on a third person to win his love, loyalty, or influence but actually to gain supremacy in the two-way power struggle. The word huki means to pull.

When anything is being pulled in opposite directions long enough something has to give, and usually its what's in the middle. Hukihuki, is a universal concept, only the term is Hawaiian. Often times in the family situation it affects children. Parents are sometimes rivals for their child's affection. Divorced parents battle for child custody. It may also affect adults. Certainly in a working situation hukihuki may occur. It could be co-workers who try to sabotage each others work efforts in order to win favor from a supervisor who will ultimately make promotion decisions.

A supervisor observing such behavior would do well to meet with those involved, to point out her awareness and disapproval of what is happening. This calls attention to the situation, and lets the other team members know that such behavior is unacceptable and unhealthy for the group.

Kanaka makua - a mentally and emotionally mature person.

What are some qualities of such a person?

A kanaka makua is even tempered, takes responsibility, and along with a "cool head", there must also be a "warm heart." Thoughtfulness, and sensitivity to the feelings of others is important. These qualities would be true for a mature person in most cultures. The true kanaka makua would also have an attribute that is highly regarded among Hawaiians - she would be hospitable. This was traditionally displayed in the calling out to visitors to "come in, come in and eat." When eating in the presence of others, Hawaiians will usually offer to share their food, as this is how they were taught. In fact, many Hawaiians feel uncomfortable eating, if others in the group are not.

Ha'aha'a means humble. Bragging is frowned upon in Hawaiian culture. If one is doing a good job, others will notice, and it is more appropriate for others to make comments rather than the individual. With ha'aha'a there is respect for self and others. Respect of elders is a must. It is also keeping a healthy perspective of oneself so that there is sensitivity to the feelings of others. It is reflected in always being open to learning, knowing that you do not know everything.

Kōkua - help, cooperation. I'm sure most of you are familiar with this word and its meaning. Let us however examine it a little closer. Kōkua refers to helping when one is aware of another's need. It is helping without waiting to be asked. It is also giving help without an expectation of later receiving something in return. It is done because the person feels good when she has assisted someone else.

The more members of a team are able to understand and subscribe to this deeper meaning of kōkua, the less one has to be worried about having to ask individuals to help. Which may be difficult, as we often times wish to avoid building up social "I.O.U.s."

At Hale Ola, we utilize ho'oponopono as a means of restoring and maintaining positive relationships among co-workers. We have found it to be effective, and it has proven to be useful in helping us deal with difficult situations within our staff. It has been our method of choice in dealing with sensitive matters.

A brief explanation of the ho'oponopono process may be useful at this point.

Ho'oponopono means to make right, to correct, to restore and maintain good relationships among family, and family-and-supernatural powers. This was done through prayer, discussion, confession, repentance, and mutual restitution and forgiveness.

In ancient times a helping-healing Kahuna, or a family elder would conduct the ho'oponopono. In either situation the haku, or leader of the ho'oponopono would be very familiar with the family and its history.

Ho'oponopono is a spiritual process in that it recognizes the existence of power greater than those of humans. And through prayer, this power is called upon to assist through the process. Although there are different variations, Ho'oponopono will consist of: An opening pule (prayer), and prayers at any time they seem necessary. This opening prayer sets the tone of the ho'oponopono. Participants are expected to be honest and sincere in sharing their feelings.

After the opening prayer the participants are invited to present the problem to be discussed. Anyone may start. Once something is presented, the haku (leader) helps to explore and find out details of the problem by asking questions. Each participant is given an opportunity to share what they know about the problem what was their involvement, and of particular importance, their feelings - be it anger or hurt as examples.

There is then a setting to right of each successive problem that is revealed during the course of ho'oponopono. Often times this requires that a number of ho'oponopono sessions be held.

Ho'oponopono allows self scrutiny and discussion of each persons behavior, attitudes and emotions. There exists a quality of absolute truthfulness and sincerity referred to as 'o iā'i'o, during discussions. There is also a means of controlling disruptive emotions by directing discussion through the haku.

Honest confession to the gods (or God) and to each other or wrong-doing, grievances, grudges and resentments occurs. If necessary, immediate restitution or arrangements to make restitution as soon as possible is part of this process.

Mutual forgiveness and releasing from the guilts, grudges, and tensions which are connected to the problem are important in ho'oponopono. Each session is then closed with a prayer. And a meal is shared after the last session.

As you might guess, certain attitudes must be present in order for ho'oponopono to work. One attitude was that of believing that the problems could be resolved if approached properly. There must be an intention to correct the wrongs.

Ho'oponopono should be used regularly. For as we all know, problems will continue to occur, but if they can be addressed early, it will be easier to resolve, and prevent further negative feelings.

In team building, there should be opportunities for members to share what they feel is the purpose of the group's efforts. Ideally, members will have a common vision. This requires time for people to communicate and express their thoughts. There should be a willingness to exchange ideas, and an open mind to hear such ideas from other team members.

When people share the same purpose or vision it is usually accompanied by commitment to fulfill the related objectives. My experience has shown that people want to do a good job it if fits in with what they believe in. And that being positive and supportive of their efforts on the job has led to continued commitment on their part to do their best.

I have also found that the more I am able to share and communicate program matters with them, the stronger their feeling of being a part of a team effort. It also helps me to make decisions when they offer suggestions and comments. Often times they are much closer to a particular situation, and I give them responsibility in such instances to make decisions.

At Hale Ola we have also found that doing things together, brings us closer. An example of this was a staff retreat we had at camp Ka'ala in Wai'anae Valley. What we did was start out early in the morning and did some clearing of brush, cutting over-grown vegetation, and working side by side together. After about three hours of that, we had a pot luck lunch. It was a very enjoyable experience. We continue to plan for such activities periodically.

When I looked up the definition of team, it said, a number of persons associated in some joint action. In closing, we should all keep this definition in mind, and strive to make our team members feel that they are an important, and vital part to making a shared vision come true.

PREPARED STATEMENT OF THE HONORABLE PATRICIA SAIKI, A MEMBER OF CONGRESS FROM HAWAII

With the introduction of S. 136, Senators Daniel Inouye, Spark Matsunaga and Dennis DeConcini have taken an important step toward meeting a critical need, that of increased federal assistance in meeting the health concerns of Native Hawaiians.

It is understandable that health issues regarding Native Hawaiians do not always get the national-level attention they deserve. But that distance must not detract from the real health needs many of our people have. This hearing provides a welcome opportunity to discuss these issues.

S. 136 would authorize several programs that would improve the health of Native Hawaiians.

The legislation's focal point is the establishment of eight community health centers, facilities dedicated to promoting good health and to disease prevention programs. Funds would be provided through these programs for research and collection of information on illnesses and mental health needs of Native Hawaiians.

I believe that the health care referral services provided for would be particularly valuable. The legislation provides $625,000 a year for this function.

Another important aspect of the measure is the $1.8 million per year that is available for a health service scholarship program. Like many in our state, I am a firm believer that education is the key to success. A scholarship program, as detailed in this legislation, is an important way to deal with health issues.

I think it is also valuable that the measure authorizes the Secretary of the Health and Human Services Department to study obstacles for Native Hawaiians' access to Medicare and Medicaid services.

The final section of the bill provides for a $5 million grant to the University of Hawaii-Manoa for the construction of the Pacific Basin Disease Research Institute. This is a most worthwhile project and is one that I am pleased to endorse.

Overall, I believe this is a well-structured piece of legislation that emphasizes the community-level participation and support necessary for improving the health of Native Hawaiians.

This is a critical need in our community. I commend Senator Inouye for his fine work in drafting this bill. The House will also consider this issue, as Congressman Daniel Akaka has introduced similar legislation. I am pleased to be a co-sponsor of Congressman Akaka's bill.

I want to thank this Committee for allowing me this opportunity to testify on this matter.

I want to strongly endorse S. 360, legislation introduced by Senators Daniel Inouye and Spark Matsunaga to improve the educational status of Native Hawaiians.

This legislation is necessary and timely. As a former teacher and a former state legislator, I am intimately acquainted with the education needs of Native Hawaiians. I believe that S. 360 will go a long way toward ensuring quality education for Native Hawaiians.

The question is not: Should the federal government provide such assistance? The need is clear, as has been pointed out by studies, including those done by the Kamehameha Schools/Bernice Pauahi Bishop Estate.

S. 360 will address our concerns through a number of impressive means: expanded education assistance administered by a partnership of federal, state and county officials; federal grants to implement the Kamehameha Elementary Education Program model curriculum for certain public schools; grants to the University of Hawaii for comprehensive teacher training; and grants to the State of Hawaii for educational support services. In addition, research grants would be made available to the Kamehameha Schools/Bishop Estate for long-term assessment of the effectiveness of the legislation.

Beyond the assistance to the educational system, I am pleased that S. 360 would provide direct federal grants to Native Hawaiian organizations to develop and operate 11 family-based education centers throughout the islands. These centers would include parent-infant and pre-school programs. Again, funds would be provided to ensure long-term assessment of this program.

I believe that the family-based component of the legislation, which emphasizes parental involvement at the community level, is essential to its success.

This legislation also includes authorization for a demonstration program for higher education fellowship assistance for Native Hawaiians and a second demonstration program to provide post-bachelor degree fellowship assistance. This focus on higher education is necessary if we are to fully enable Native Hawaiians to broaden their career opportunities.

Finally, this legislation contains funding for gifted and talented programs in elementary and secondary schools. It also provides grants so that Native Hawaiian organizations may address the special education needs of Native Hawaiian students.

In closing, I would like to emphasize the following points:

The need for this legislation is clear. Congressional action is needed.

This is a modest approach that has been carefully drafted. It provides for a federal, state and county partnership. That reflects, in part, the many years of cooperation between the Hawaii Congressional delegation, state and county agencies, and Native Hawaiian organizations, to develop a specific approach to these issues.

Also, I am pleased to point out that this is an issue on which the Hawaii Congressional delegation is united. It is an issue of the highest priority for Hawaii.

I will be working closely with Congressman Daniel Akaka to move this legislation forward in the House. I am very pleased that this Committee has begun consideration of this important measure so early in the legislative session.

PREPARED STATEMENT OF KAMAKI A. KANAHELE

Aloha awakea Chairman Inouye and members of the Select Committee on Indian Affairs. My name is Kamaki A. Kanahele, III and I am the Administrator of the Office of Hawaiian Affairs (OHA). Mahalo nui loa for the invitation to testify on behalf of Senate Bill No. 136: To Improve the Health Status of Native Hawaiians. The Office of Hawaiian Affairs lends strong support to this bill and recommends certain amendments.

Before continuing however, I would like to share with you a little background information on the Office of Hawaiian Affairs as a means of providing the members of the Committee with some understanding of the interest and responsibilities of OHA in this and all matters dealing with the Hawaiian people.

THE OFFICE OF HAWAIIAN AFFAIRS

According to legislation creating the Office of Hawaiian Affairs, it is the "principal public agency in Hawaii responsible for the performance, development, and coordination of programs and activities relating to native Hawaiians." It is governed by a nine-member native Hawaiian Board of Trustees elected by approximately 44,000 native Hawaiians. As a result, the OHA trustees are directly accountable to their beneficiaries, the native Hawaiian people.

OHA was created in 1978 by an amendment to the Hawaii State Constitution. The basis for its establishment, however, dates back to our State Admissions Act of 1959. The Act created a public land trust, the proceeds of which were to be used for five purposes. One of the purposes was the betterment of conditions for native Hawaiians.

In 1979 the State Legislature passed Act 196 which established the basic structure of OHA. This Act was subsequently codified as Chapter 10, Hawaii Revised Statutes. It mandates OHA to serve as a receptacle for reparations and to act as a clearinghouse for federal or state assistance involving Hawaiian programs and projects. OHA is also responsible for advising, informing and coordinating federal, state and county activities relating to native Hawaiian programs. It is with this role in mind that OHA submits this testimony today.

HAWAIIAN HEALTH NEEDS

On October 6, 1986, a report from the Select Committee on Indian Affairs on S. 2243, (Calendar #1089, Report 99-532) documented in extensive and graphic detail the dismal litany of Hawaiian health problems matched by the equally discouraging statistics on Hawaiian disease and death. This report was both comprehensive in scope and current in data, including information from the Native Hawaiian Health Research Consortium final report entitled E Ola Mau: The Native Hawaiian Health Needs Study, completed in December, 1985 and the Summary of Mortality Data on Native Hawaiians staff report by the Office of Technology Assessment of the U.S. Congress completed in August, 1986. This last report is particularly important because it compared statistics on Hawaiians with the national population as opposed to the State population. Much health data was flagged earlier in the Native Hawaiians Study Commission Report of 1983 and the Native Hawaiian Educational Assessment Study of 1982.

Mr. Chairman, I submit that you are as familiar with the sad state of Hawaiian health as are those of us charged with the daily responsibility of improving conditions of a people burdened with disease. People who far too often do not live long enough to fulfill their role as kupuna (GRANDPARENT). I therefore would like to move from the "problems" to "problem-solving" through S. 136.

We readily admit that the dire statistics speak for themselves and more than justify the programs of health promotion and disease prevention; community health centers; health service scholarships; health needs assessments, and health education and services referrals called for in S. 136. The manner in which these services and programs are planned and delivered, however, is extremely crucial, and must be done to sensitively overcome cultural barriers that may have previously hindered Hawaiians from receiving health services that could have prevented medical problems, or provided early treatment.

The Office of Hawaiian Affairs believes that the 23-member Advisory Board called for in Section 3(2)(A) of the bill is too large a number to be practical. We recommend that the bill should be amended to provide for a five-member administrative board which shall be called the Papa Ola Lokahi (Native Hawaiian Health Administrative Board). Papa Ola Lokahi to consist of representatives of the Office of Hawaiian Affairs; the group of Native Hawaiian health professionals known as E Ola Mau, a private non-profit organization serving Hawaiians; Alu Like, Inc.; the Waianae Coast Comprehensive Health Center, serving a community the majority of whom are Hawaiians; and the University of Hawaii School of Medicine.

OHA believes that the five organizations named to participate in the Papa Ola Lokahi have the ability to administer and monitor the progress and grants and services mandated by S. 136 and to provide professional and culturally appropriate linkages. Preliminary discussions between the agencies have been positive and the proposed amendments would streamline the administrative process while affording maximum community and professional input into projects undertaken.

The five agencies of Papa Ola Lokahi possess the administrative, medical and cultural expertise needed to achieve the goal of S. 136. Alu Like has an extensive community network and much experience in job-training and community outreach. E Ola Mau possesses the necessary professional medical and health foundation to advise the Board regarding health needs and the appropriate method to deliver services. OHA has the statutory authority to interface with other State and Federal agencies and maintains a statewide network of satellite offices with a solid cultural base.

Waianae Coast Comprehensive Health Center has serviced the Hawaiian community through health centers on Oahu for many years. The University of Hawaii School of Medicine has taken the lead in affirmative action medical training programs and can act as a conduit through which other university departments may present data and advice to the Board.

Papa Ola Lokahi should be authorized by statute to develop, implement, administer, evaluate and monitor a statewide comprehensive Native Hawaiian Health Care Plan by utilizing federal, state, county, community and private organizations and resources. In addition, this Board should also certify "Native Hawaiian Organizations" pursuant to Section 2.4 of the S. 136 and would have the duties and powers as provided in Section 3(3)(A)(B) and (C) of the bill.

In addition to the above changes, OHA recommends that E Ola Mau be identified as the organization of Native Hawaiian health care professionals for this project. Consequently, we ask that the phrase "...or any other organization composed of Native Hawaiian health care professions;" which appears at lines 22-24, 3(2)(A)ii be deleted. This would provide for continuity in administration for the duration of the project.

Critical to the success of any Native Hawaiian health delivery system is the involvement of Native Hawaiian health care professionals. This fact was repeatedly stressed in the E Ola Mau five-volume report. Section 4(a)(7)(8) of the bill which relates to Community Health Centers currently provides for planning grants to be provided to Native Hawaiian organizations, [or to any organization of health care professionals serving Native Hawaiians]. OHA recommends that the phrase bracketed above be deleted from the bill. This would provide organizations of health care professionals working in the Native Hawaiian community with an incentive to enter into cooperative joint ventures with Native Hawaiian health care professionals for purposes of better serving the native people.

Papa Ola Lokahi will need the advice of many community and health care associations if they are to accomplish the goal of creating a comprehensive statewide health care plan. Therefore, provisions should be made to allow Papa Ola Lokahi to seek advice from the 18 additional organizations named in S. 136, and include others such as the Lunalilo Trust, whose care and expertise for Hawaiian elderly is acknowledged, and the various La'au Lapa'au groups of native healers whose wisdom and expertise allow us to transcend culture. This advisory group would be purely advisory, its members to serve on an as-needed basis without compensation.

A final remark, Mr. Chairman, and then my testimony is finished.

I earlier mentioned the committee report on S. 2243 of the 99th Congress, and would be remiss in my role as OHA's Administrator if I did not call attention to the gross inaccuracies of a testimony from the U.S. Department of Health and Human Services delivered by Dr. Samuel Lin, Deputy Assistant Secretary for Health before the Indian Affairs Committee on May 7, 1986.

To quote Dr. Lin, "We believe that the State of Hawaii has one of the finest departments of health in this country and the statistics of the Hawaiian people will attest to that fact. The residents of Hawaii have the highest life expectancy in the country and the lowest mortality rates."

The statistics of Hawaiians has been thoroughly discussed here and it seems that the need is to define for the Department of Health and Human Services the word "Hawaiian," as opposed to "resident of Hawaii."

"The life expectancies and low mortality rates of residents of Hawaii", only underscore the intent of S. 136 which tries to provide the same right and privilege of long life and good health to the Native Hawaiian. Mr. Chairman, it is ignorant statements such as these, uttered by experts in positions of authority and decision-making that gives rise to yet another Hawaiian health problem - that of high blood pressure.

Thank you for bringing this hearing to Hawaii where more of us can come and testify on the importance of the passage of S. 136 to Hawaiians. Your support of issues beneficial to Hawaiians over the years is much appreciated by us all.

PREPARED STATEMENT OF ANNELLE AMARAL

Ano'ai awakea kakou! Good afternoon Mr. Chairman and members of the Committee. I am Annelle Amaral, the Administrative Assistant of the Office of Hawaiian Affairs. The Office of Hawaiian Affairs strongly supports the adoption of Senate Bill 360.

Before continuing, however, I would like to share with you some information on the Office of Hawaiian Affairs as a means of providing the members of this Committee with some understanding of the role and interest of the Office of Hawaiian Affairs in this legislation.

The Office of Hawaiian Affairs (OHA). According to legislation creating the Office of Hawaiian Affairs, it is the "principal public agency in (Hawaii) responsible for the performance, development, and coordination of programs and activities relating to Native Hawaiians." It is governed by a nine member native Hawaiian Board of Trustees elected by approximately 44,000 native Hawaiians. As a result, the OHA Trustees are directly accountable to their beneficiaries, the native Hawaiian people.

OHA was created in 1978 by an amendment to the Hawaii State Constitution. The basis for its establishment, however, dates back to our State Admission Act oF 1959. The Act created a public land trust, the proceeds of which were to be used for five purposes. One of the purposes was the betterment of conditions for native Hawaiians.

In 1979, The State Legislature passed Act 196 which established the basic structure of OHA. This Act was subsequently codified as Chapter 10, Hawaii Revised Statutes. It mandates OHA to serve as a receptacle for reparations and to act as a clearinghouse for federal or state assistance involving Hawaiian programs and projects. OHA is also responsible for advising, informing and coordinating federal, state, and county activities relating to native Hawaiian programs. It is with this role in mind that OHA submits this testimony today.

Hawaiian Education Needs. In 1984, a needs assessment study was conducted by the Kamehameha Schools/Bishop Estate. Its results were presented to this Select Committee on Indian Affairs. The study did a very complete review of Hawaiian educational needs up to that time. For us, it not only confirmed that we native Hawaiians ranked lower academically than any of the major ethnic groups in Hawaii but it also showed that same low rank in health needs, job-employment and other socio-economic areas. Our children show a pattern of low achievement in basic skills and although national achievement test scores increased slightly each year, Hawaiian students fall below national norms. Native Hawaiian children are over represented in special education needs areas, they represent 34% or 3,677 of the special education population. The native Hawaiian population in our public schools represent 22 percent or 35,325 students; in some of our geographically rural districts, these students represent 33 percent of the student population.

Senator Inouye reports in his testimony to the Senate that "as ninth graders, only one-third of native Hawaiian public school students aspire to four or more years of college". Sadly, our State University reflects that aspiration. Eight percent (8%) of the applicants to the University of Hawaii at Manoa are native Hawaiians, of that five percent (5%) are enrolled and native Hawaiian graduates represent two percent (2%).

Meeting the Native Hawaiian Education Needs. Senate Bill 360 is important to the native Hawaiian community. It proposes to better the conditions of native Hawaiians through educational services, project models and programs. Education programs sensitive to the cultural needs of native Hawaiians that meet the needs of today's society is desperately required in the native Hawaiian community. Working native Hawaiians should participate in the creation and control of educational services that will be provided in their community. For example, Native Hawaiian Family Based Education Centers can only work if family support can be garnered. In the network of the Hawaiian 'ohana, family is the foundation of sound Hawaiian Educational programs.

Training of native Hawaiians to fill underrepresented professions is also important. The provision for fellowship assistance to native Hawaiians would increase the number of native Hawaiians in various professional fields- education, engineering, sciences and medicine to list a few.

Summary. In summary, I would like to reaffirm OHA's support for the adoption of Senate Bill 360. There are many serious education problems in the Hawaiian community and Senate Bill 360 would make it possible for native Hawaiians to address these problems by planning for and implementing services that meet their educational needs.

The Office of Hawaiian Affairs would like to express its appreciation to this Committee for allowing us the opportunity to provide testimony on this very important subject.

PREPARED STATEMENT OF WINONA RUBIN

Senator Inouye, Members of the Senate Select Committee on Indian Affairs, staff, friends....Aloha.

I am Winona Kealamapuana Ellis Rubin, director of the Department of Social Services & Housing, native of Hawaii and former Chief Executive Officer of Alu Like, the statewide native Hawaiian organization which initiated the Native Hawaiian Health Research Consortium and coordinated the Native Hawaiian Health Needs Study Report (E Ola Mau).

I wish to extend a mahalo nui (deep appreciation) to you and Senators DeConcini and Matsunaga for introduction of this legislation, your continuous strong advocacy on behalf of Hawaiian concerns and for bringing this hearing to Hawaii so that the community may have the opportunity to provide testimony in support of S 136.

The measure very clearly describes the health needs of native Hawaiians and outlines the areas for intervention and assistance which can be utilized by the native Hawaiian community to maintain responsibility for its own health and to ensure that health prevention and care are accessible, available and delivered in a culturally acceptable manner. Senate Bill 136 provides for community health centers for delivery of health and medical care, promotes the recruitment and training of native Hawaiians for the health/medical professions, enables medically under-served areas to be addressed by existing resources such as E Ola Mau, the national health service corps, and others and facilitates data gathering, screening, monitoring, surveillance, and evaluation to ensure a high level of quality in-service delivery.

There is one recommendation which I wish to offer for your consideration:

> Section (2)(A), line 10, page 10, should read, "The Advisory Board, of no more than 9 members, shall be appointed after consultation with the organizations and agencies identified in this Section. It shall be composed of______."

Membership on the Advisory Board should be limited so that it will avoid being too unwieldy for efficient and effective startup and implementation.

With reference to Section 7, Access to Medicare and Medicaid Services, the Department of Social Services & Housing, as the state agency responsible for Medicaid, will be pleased to participate with the appropriate native Hawaiian organization in reviewing the possible barriers and constraints and the appropriate strategies for improving access and increasing utilization by native Hawaiians of the medicaid program.

In conclusion, Senate measure 136 is a means of significantly reducing health problems of native Hawaiians, and I urge its passage.

Mahalo (thank you) for the opportunity to present this testimony.

I wish to speak in support of S 360 and to express my appreciation to Senator Inouye and Senator Matsunaga for the introduction of this measure and their long standing commitment to improving conditions for Hawaii's native people.

The Native Hawaiian Educational Assessment Project report by the Kamehameha School/Bernice P. Bishop Estate, which was completed in February of 1983, provides documentation which affirms the educational needs of Hawaiians. The bill clearly identifies the areas of need and the means through which resources can address the needs.

It is very appropriate and critical in addressing the needs that native Hawaiians themselves are involved in the solutions. Senate Bill 360 provides for this. Inclusion of the century old Hawaiian educational institution, the Kamehameha Schools as a key component in implementation of this bill assures a high level of quality in delivering educational services.

The Department of Social Services & Housing is pleased to see in the legislation provisions for Native Hawaiian Family based education centers which include parent-infant programs and pre-school programs. We have been concerned over the past few years with the increase in confirmed child abuse and neglect cases which can be reduced substantially through parent-infant programs and orientation and support of parents through activities associated with pre-school programs.

Recently, the Federal and State governments have focused on reducing welfare dependency and promoting self-sufficiency. I consider this bill as a significant step. For too long, native Hawaiians have been the highest in negative social indicators, and a major contributor has been the lack of their educational success. I strongly believe that through increasing the opportunities for educational success and appropriate training of native Hawaiians. We will proportionally reduce native Hawaiian representation on the welfare rolls, increase their employability and encourage their participation in our national and state leadership in the Pacific.

Mahalo (thank you) for the opportunity to present this testimony.

PREPARED STATEMENT OF DAVID HANALOA HELELA ON S. 136 AND S. 360

Aloha, Mr. Chairman and members of the Committee. I am David Hanaloa Helela, President and Chief Executive Officer of ALU LIKE, a private non-profit, community-based organization. ALU LIKE administers the Native Hawaiian Program established under Title VIII of the Native American Programs Act. It provides the enabling mechanism for promoting the goal of economic and social self-sufficiency for Native Hawaiians. As part of our continuing efforts to meet the needs of the Native Hawaiian community, ALU LIKE has investigated the health needs in the Native Hawaiian population, and have formed and coordinated the Native Hawaiian Health Research Consortium to address these needs.

This Consortium includes members from Native Hawaiian institutions and agencies and from public and private research, educational, and health institutions and agencies. The Consortium has completed a Native Hawaiian Health Needs Study Report (E OLA MAU) which was prepared for the Department of Health and Human Services in response to a request from the Senate Appropriations Committee. The scope of the Report focused on five Task Force areas, namely, Medical, Mental Health, Nutrition/Dental Health, Historical/Cultural, and Strategic Health Plan.

I will be addressing Section 3 of this Bill pertaining to Health Promotion and Disease Prevention, Section 4 on Community Health Centers and National Health Service Corps Program, and Section 7 on Access to Medicare and Medicaid Services. Others here from the Consortium will be addressing the other Sections.

Section 3 states that "...the Secretary shall provide funds to Native Hawaiian organizations to establish and administer a program of health promotion and disease prevention designed to serve Native Hawaiians...." It further specifies that this program shall "...provide necessary preventive-oriented health services, including maternal and child health care and mental health care...." This comprehensive approach to preventive programs will conserve limited financial and personnel resources since it will reduce the number of serious health problems in the Native Hawaiian population through early detection and therapy.

The provision, in Section 3(B), for "...the collection of data related to the prevention of diseases and illnesses among Native Hawaiians, including the prevention of fetal alcohol syndrome, hypertension, heart disease and diabetes...." is important since, at present, the measures of incidence and prevalence of these illnesses is not adequate. This is also important since the establishment of baseline data is the only way the effectiveness of preventive programs can be determined - also the prioritization of programs should be based upon adequate incidence and prevalence data. The collection of data can be accomplished through sample surveys, screening programs and other surveillance in cooperation with providers of health services. Additional research can study the risk factors associated with these diseases. This will optimize the resource expenditures since services can be offered and established in areas where Native Hawaiians at high risk are located. Evaluation of intervention can be made along with the provision of services in order to determine effectiveness, cost/benefit ratios, changes in quality of life, and other factors as the preventive programs are implemented.

Section 3(C) includes a provision "...for medical and general health-related research into the diseases that are most prevalent among Native Hawaiians including, but not limited to, heart disease, hypertension, cancer, diabetes...." These are the most prevalent diseases among Native Hawaiians. It is important to improve the available data on incidence and prevalence of illness in order to establish priorities and to conduct research on risk factors in order to plan preventive programs. It is also important to have ongoing monitoring and surveillance on various diseases in order to evaluate progress in preventive programs and in order to reassess priorities. The establishment of ongoing data collection and research allows for continuous monitoring of effectiveness as well as changes in prevalence patterns which can be the basis for establishing priorities and planning implementation of services.

Regarding Section 4 on Community Health Centers and the National Health Service Corps Program, there is a need to stimulate existing private and public health care delivery systems to more effectively respond to the health needs of Native Hawaiians. Private sector medicine will increase its responsiveness as more Native Hawaiians enter the health professions. This requires a systematic effort to recruit and train Native Hawaiian medical candidates, and to assist them in establishing practices in Hawaiian communities. Local professional associations, educational institutions, and voluntary agencies provide often untapped resources. Existing federal programs such as the National Health Service Corps can be utilized to maximize educational opportunities for Native Hawaiians, and to effectively relocate medical manpower to high need Hawaiian communities. (American Indians and Eskimos are already designated as "Health Manpower Shortage Area" population groups.) This Bill would recognize Native Hawaiians as a Health Manpower Shortage Area population group, as well. In addition, it would allow for "Medically Underserved Area" designation for Native Hawaiian communities, enabling them to seek funds from the Community Health Center Program.

The Community Health Center Program offers the following advantages:

1. It is predominately community-based, enabling a high degree of local autonomy.
2. It maximizes the potential of public and private resources, including volunteers.
3. It has proved to be a highly efficient program which has leveraged services valued at more than twice as much as the federal grant funds involved.

It should be recognized that unique and significant health problems do exist in many Hawaiian communities. In such areas, where there is a shortage of health manpower or a large uninsured population, or where extensive health problems exist that require comprehensive intervention strategies, new health resources must be developed.

Section 7, regarding Access to Medicare and Medicaid Services, states that "The Secretary shall, in consultation with Native Hawaiian organizations, conduct a study of any barriers which may exist to the participation of Native Hawaiians in programs established under title XVIII of the Social Security Act (medicare) or under title XIX of the Social Security Act (medicaid)." In order to increase the accessibility of these programs to Native Hawaiians, it is important to understand why there are barriers which prevent Native Hawaiians from participation. This can be achieved by understanding Hawaiian cultural values and perceptions of Native Hawaiians regarding, not only accessibility, but availability and acceptability of services. It is also important to investigate ways in which these barriers can be ameliorated. This can best be done through demonstration projects which can test various means of improving access.

From the scant data on medicare and medicaid participation available for Native Hawaiians, they seem to participate less than the general population. Research on the extent and types of third-party insurance coverage as well as medicare and medicaid participation will facilitate planning for improved access to medical services. Further research can study the number of Native Hawaiians who participate in, as well as the potential number of Native Hawaiians who might participate in, medicare and medicaid programs. This allows program planners to determine the resources necessary to meet current demand as well as potential demand for services.

Finally, this Bill can, for a modest investment, go a long way to improving the health status of Native Hawaiians. It can do so efficiently by tapping both private and public resources, utilizing existing channels of federal support, and by cultivating the creative energies inherent in local Hawaiian communities. This legislation will give Native Hawaiians the opportunity to develop resources and maintain responsibility for their own health.

Thank you for giving us the opportunity to make this presentation in support of S.136.

The name ALU LIKE means "Working Together". We have been privileged to be a part of historic, cooperative efforts to mitigate the high representation in poor educational performance of the Native Hawaiians. ALU LIKE has generated research reports on such topics as youth profiles, absenteeism, assessments of reading and math achievements, to draw attention and support to alleviate critical educational hurdles for the Native Hawaiians.

In 1979, through a grant from the US Department of Education/ESAA, Halau O Haleiwa was initiated as a pilot project in collaboration with the State Department of Education, Haleiwa Elementary School and the Waialua-Haleiwa community in order to address significantly low performances in basic skills. As a result, marked improvements occurred from Stanine 1 and 2 to 3 or 4 in student test scores.

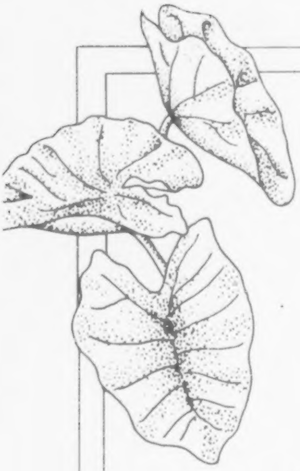
In 1985, through the US Department of Education/Office of Educational Research and Improvement and by the Hawaii State Governor's designation, ALU LIKE initiated the first Native Hawaiian Library Program, and likewise, in 1985, the first Native Hawaiian Vocational Education Program through the US Office of Vocational and Adult Education. All efforts resulted in further collaboration with educational institutions and community groups to alleviate the poor educational performance of the Native Hawaiians.

S.360 addresses the issues of current conditions and contributing circumstances. Through the proposed Native Hawaiian Model Curriculum Implementation Project, Native Hawaiian Family Based Education Centers, Native Hawaiian Gifted and Talented Demonstration Program, and Native Hawaiian Special Education Program, the purposes of the Act would be well served.

Specific, solvable problems of poor performance and attendance will be addressed through programs that are a result of well researched, valid approaches to teacher training and curriculum development. The importance of family in addressing educational performance, the importance of Native Hawaiians participating in and graduating from higher education institutions, the importance of the gifted and talented Native Hawaiian individual, and the importance of the learning disabled, mentally or physically handicapped, educable mentally retarded have been heard and addressed by this Bill.

ALU LIKE appreciates, after over ten years of work in the community, the hard, long efforts of the State and the Kamehameha Schools. We have long realized that the results most meaningful are those that represent the working together of the many parts of our community. We pledge our continued support of, and advocacy for, efforts that will result in the improved educational status of the Native Hawaiians. The development of supplemental educational programs to benefit Native Hawaiians, the provision of direction and guidance to public agencies to focus resources, and the supplementation and expansion of existing programs and authorities in the area of education provide necessary elements to realize the social and economic uplifting of the Native Hawaiian people.

Again, on behalf of the ALU LIKE State Board of Directors, we appreciate this opportunity to make this presentation in support of S. 360.



ALU LIKE

Facts and Figures

This is an attempt to answer
some of the recurring questions about
who we are and what we do.

April 1986

ALU LIKE
Board of Directors

Michael Tancayo
Chairman

Ann Nathaniel
Immediate Past Chair

Glenn Oamilda
Vice-Chair and O'ahu IMB

Ted Kesaji
Secretary and Maui IMB Chair

Floyd Hoopii
Treasurer and Hawai'i IMB Chair

Nathan Kalama
Member and Kaua'i IMB Chair

Ruth Moore
Member

Clement Judd
Member

Tim Lui-Kwan
Member

Ernest Matsumura
Member

Myron Thompson
Member

Winona Ellis Rubin
Chief Executive Officer

Q. WHAT IS ALU LIKE?

A. ALU LIKE is a private nonprofit 501(c)(3) organization which has as a primary mission that of assisting native Hawaiians to develop economic and social self-sufficiency. Named by **Representative** Mary Kawena Pukui, **alu like** means "striving (working) together" – a term used more frequently in Hawaii during the 1800's as reflected in the early Hawaiian language newspapers and revived for this special program. The word "striving" appropriately connotes that there will be pulling – sometimes with some difficulty – against the stereotype of a Hawaiian. ALU LIKE has approximately 90 employees statewide located at a Central Office and island centers on Hawai'i, Maui, Moloka'i, Kaua'i and O'ahu.

Q. WHEN AND HOW WAS ALU LIKE STARTED?

A. In January, 1974 Congress amended the Native American Programs Act (P.L. 93-644, Title VIII) to include Hawaiian natives as Native Americans, along with American Indians and Alaskan natives. In April, 1975 a meeting of federal representatives and some people from the Hawaiian community was convened in the Governor's Conference room. Subsequent meetings were held with representatives of Hawaiian organizations in the State (1) to appoint an ad hoc committee which would prepare a grant proposal, (2) to amend the draft proposal for submittal and (3) to select a nonprofit organization to manage the program if funded. An existing nonprofit organization was selected, modified by the addition of a statewide Hawaiian Advisory Council and re-named ALU LIKE. The grant proposal was funded beginning October 15, 1975 in order to identify the Hawaiians in the State, to conduct a needs assessment among Hawaiians and to make recommendations for addressing the needs without duplicating existing services.

Q. HOW IS ALU LIKE FUNDED?

A. Since the federal fiscal year 1976, ALU LIKE has been funded by the U.S. Department of Health and Human Services (DHHS), Office of Human Development Services, through ANA (the Administration for Native Americans, formerly the Office of Native American Programs). Since fiscal year 1978, ALU LIKE has received additional funds as a grantee under the Job Training Partnership Act (formerly C.E.T.A.) from the U.S. Department of Labor through the Division of Indian and Native American Programs (DINAP). State purchase of service contracts and other federal, state, county and private foundation grants, and individual donations provide additional resources.

Q. HOW MUCH MONEY DOES ALU LIKE RECEIVE AND FOR WHAT PURPOSE?

A. In 1985 ALU LIKE administered a budget of approximately $6 million. DINAP funds are provided for employment and training for Native Americans in the state who are unemployed or underemployed through work experience (WE), classroom training (CT) and on-the-job training (OJT). Priority is given to the long-term unemployed, hard core unemployed, veterans, displaced homemakers, ex-offenders and others. On-the-job training and re-training of people for upward mobility is an important current focus. In fiscal year 1985, ALU LIKE assisted 2200 adults and youth through its employment and training program at a cost per participant below the national average and a placement rate above the national average.

ANA funds are received for projects administered by the Central Office and five island centers, including intake/referral and follow-up services, planning, communications, research, data collection/extraction, advocacy, community development, technical assistance, and economic development and business startup and expansion assistance. ANA is providing ALU LIKE a basic grant of $800,000. annually for Central and Island projects in 1986 and 1987. ALU LIKE's Native Hawaiian Library Program manages a grant of $590,000 and its Native Hawaiian Vocational Education Program has a budget of $1.9 million this year. For each dollar of state and non federal funds received, ALU LIKE has brought in excess of $40. in additional income into the State economy.

Q. IS ALU LIKE CONTROLLED BY ANY ONE SPECIAL INTEREST GROUP?

A. No. ALU LIKE was born through a meeting of representatives of Hawaiian organizations. Island representatives to the state Board of Directors are elected by the island membership. The Chief Executive Officer meets monthly with representatives of the following agencies/organizations: The Queen Liliuokalani Children's Center, Department of Hawaiian Home Lands, Kamehameha Schools/Bishop Estate, The Bernice Pauahi Bishop Museum, and the King William Charles Lunalilo Trust. Collectively, they form the Hawaiian Service Institutions and Agencies (HSIA). The HSIA meets to share information, avoid duplication and to discuss better utilization of its resources to address identified needs. Cooperative ventures have already been initiated by HSIA. The Office of Hawaiian Affairs has attended several HSIA meetings since OHA was organized.

Q. HOW IS IT GOVERNED?

A. A Statewide unpaid Board of Directors of eleven members sets policies and priorities and has ultimate fiduciary responsibility for ALU LIKE's affairs. Of the statewide Board, five are chairpersons of the locally elected Island Multi-service Boards (IMB) from Hawai'i, Kaua'i, Maui, Moloka'i and O'ahu; four are elected at-large by the Board, one is the immediate past chair. The Board meets quarterly and the Board's Executive Committee, comprised of its officers, meets monthly. The Chief Executive Officer is responsible to the Board for administration, management and implementation of programs and state operations.

Q. DOES ALU LIKE PROVIDE FOR COMMUNITY INPUT IN ITS OPERATIONS?

A. Community input is provided to ALU LIKE in several ways: (1) through elected state and island board members who determine statewide and local policies and priorities and raise current community concerns; (2) through community meetings held on each major island throughout the year on issues of importance and concern; (3) through ALU LIKE's statewide Private Industry Council (PIC) which serves as the Board's Economic Development Committee and (4) through community advisory councils for special projects and special activities. In addition, ALU LIKE provides technical assistance to the Council of Hawaiian Organizations which provides insight into community concerns. Also, questions and suggestions by individuals and groups provide ALU LIKE an ongoing sensitivity to needs and concerns.

Q. DOES ALU LIKE PROVIDE SCHOLARSHIPS OR GRANTS?

A. No. Requests for scholarships are referred to existing scholarship organizations. The Employment and Training Program does provide classroom training for limited periods, provided the applicant meets DINAP eligibility requirements.

Q. ARE ALU LIKE STAFF ALL HAWAIIAN?

A. No. ALU LIKE hires persons who are qualified to do the job, whatever their ethic heritage. Of the approximately 90 ALU LIKE staff, however, approximately 80 percent are Hawaiian.

Q. WHO CAN BECOME AN ALU LIKE MEMBER? HOW CAN YOU JOIN?

A. Any resident of Hawai'i, who is 18 years of age or older and of Hawaiian ancestry is eligible for general membership. An applicant is required to complete the ALU LIKE Hawaiian ancestry affidavit and to furnish proof for verification of Hawaiian ancestry. The application may be completed by mail or at any ALU LIKE Island Center any workday throughout theyear except for the month immediately preceding the annual election of Board members. During that month the computerized membership list is generated and confirmed for election proceedings. Currently, ALU LIKE has over 15,000 members.

Q. IS VERIFICATION OF HAWAIIAN ANCESTRY REQUIRED FOR ALL MEMBERS?

A. Currently, no, unless challenged by a member of ALU LIKE. However, all members whose current records are incomplete have been notified that more documentation will be needed in the future, especially to satisfy funding sources. Members have been asked to attend to this matter within a reasonable length of time from the date of notification.

Q. HOW IS ALU LIKE DIFFERENT FROM OTHER HAWAIIAN ORGANIZATIONS?

A. ALU LIKE is the largest Hawaiian membership community development organization in the State whose charter provides it the latitude to address the needs of disadvantaged persons - Hawaiians and non-Hawaiians. It is the only Hawaiian organization with major statewide Employment and Training, Vocational Education and Library Services programs. The Office of Hawaiian Affairs (OHA), Department of Hawaiian Home Lands (DHHL) and other Hawaiian agencies are mandated to address solely Hawaiians and/or native Hawaiians as defined by state or federal legislation. Funding guidelines and rules regulate individuals and groups eligible for assistance in ALU LIKE programs.

Q. WHAT HAS ALU LIKE ACCOMPLISHED TO DATE?

A. The needs assessment survey and community meetings indicated that priority attention should be focused on education, employment/job creation, health, native rights, and housing. In addition local community development initiatives have responded to local issues and needs. ALU LIKE has addressed the identified needs in that order or priority.

In EDUCATION:

- Provided the initial data for proposed amendments to Congressional legislation in education, employment, finance and self-determination.
  - —Result: inclusion of Hawaiians in CETA Title III, P.L. 93-203 and JTPA
  - —Result: introduction of the Native Hawaiian Education Bill, which gave rise to the Native Hawaiian Educational Assessment project.

- Initiated the Halau O Haleiwa pilot project in collaboration with the State DOE, Haleiwa Elementary School and the Waialua-Haleiwa community in order to address significantly low performances in basic skills.
  - —Result: marked improvements from stanine 1 and 2 to 3 or 4 in student test scores
  - —Result: heightened increase in parent/community/school participation for adoption of the model by the district Department of Education

- In concert with private and public agencies on Moloka'i developed and implemented a Most-In-Need (MIN) pilot project for youth ages 12-14 funded by the National Institute of Mental Health.
  - —Result: the MIN project received national recognition as a training model for other MIN projects nationwide
  - —Result: Maui County allocated funds for the Moloka'i Youth Center which serves approximately 600 young people annually
  - —Result: State mental health services to Moloka'i parents and children were expanded

- Initiated the first Native Hawaiian Library Program in 1985.
  - —Result: Funded thirteen projects statewide in collaboration with institutions and community groups.

- Initiated the first Native Hawaiian Vocational Education Programs in February 1986.
  - —Result: In collaboration with educational institutions and community groups the initial programs will address approximately 1,000 persons.

In ECONOMIC DEVELOPMENT:

- Established in 1980 a Private Industry Council (PIC) comprised of 26 business, labor, community and agency sectors to provide consultation on job creation and economic development activities.
  - —Result: job creation activities and potential economic development ventures are critically reviewed and facilitated by the PIC serving in advisory capacity to the Board.

- Established an Economic Development Institute (EDI) component in 1981 to provide technical assistance in business planning and venture analysis.
  - —Result: ALU LIKE has assisted at least 350 potential and existing new Hawaiian entrepreneurs with information and technical assistance
  - —Result: ALU LIKE's Island Centers have added business assistance staff to assist local entrepreneurs.

- Established Alu Like Enterprises, Inc., a wholly-owned for-profit subsidiary with a separate board and activities
  - —Result: the capacity for generating some revenues for ALU LIKE's public purposes
  - —Result: job creation through business enterprises.

In EMPLOYMENT:

- Through its statewide Employment and Training program has assisted over 9,000 participants in employment and training to date:
  - —Result: ALU LIKE has reduced the number of unemployed/underployed Hawaiians in the State by 22%.

In HEALTH:

- Initiated in 1981 the Hale Ola o Ho'opākōlea project on the Waianae Coast as a pilot community resource and prevention center.
  - —Result: provided direct individual and family counseling services to over 800 Waianae Coast residents
  - —Result: identified over 100 community care givers/natural healers who are trained in culturally appropriate measures. They serve as important linkages with existing agencies and helping resources
  - —Result: Hale Ola has its own 501 (c)(3) status and is serving as a model for replication elsewhere in the state.

- Established a consortium of health researchers and Completed a Report for the U.S. Department of Health on the status of health for Hawaiians
  - —Result: awareness by Congress of the health needs and legislative appropriations to address some of the needs
  - —Result: the report is considered a model for future similar reports.

IN NATIVE RIGHTS:

- Initiated statewide Puwalu Conferences to focus on issues and their solutions in collaboration with the Council of Hawaiian Organizations (COHO) and HSIA.
  - —Result: convening of the Aha Kaukanawai and Recommendations which were addressed by the Committee on Hawaiian Affairs of the 1978 Constitutional Convention
  - —Result: research and data was provided to Con Con committees and the legislature resulting in amendments addressing Hawaiian issues, including native rights, OHA, education, water, etcetera.

- Provided training for initial paraprofessionals at Native Hawaiian Legal Corporation and funded research reports on Hawaiian issues.
  - —Result: Native Hawaiian Legal Corporation was stabilized in its initial years and remained a viable entity
  - —Result: research reports provided basis for further pursuit by NHLC.

- Initiated development of a computerized Native Hawaiian Ancestry Verification project in 1985 in partnership with the Department of Health, Cancer Center of Hawaii, and Department of Hawaiian Home Lands.
  - —Result: Upgraded the capacity of the Cancer Center computer to store data on Hawaiians which when programmed can respond with genealogical information upon request
  - —Result: Facilitated ancestry verification for Native Hawaiians awaiting Hawaiian Homes awards under its acceleration program.

IN HOUSING:

- Signed a Memorandum of Understanding with a company from Alberta, Canada to enable development of affordable housing for Hawaiians
  - —Result: Arranged for feasibility study in collaboration with Hawaiian Housing Authority, Department of Hawaiian Home Lands and others.

IN LOCAL COMMUNITY DEVELOPMENT:

- Established ***The Native Hawaiian*** monthly publication, ***Ohana Radio*** Program on KCCN, ***ALU LIKE Connection*** cablevision weekly program, ***Hawaiian Culture and History*** Vignettes weekly KHLO radio program.

—Result: Dissemination of notices, information on pertinent meetings and issues reach the Hawaiian and nonHawaiian community through multi media approaches

—Result: Multi media approaches reach over 175,000 persons per month.

- Conducted projects statewide to meet local island requests through public and private resources.

—Result: Hawai'i Island Center delivered Hawaiian Awareness presentations impacting 350 persons

—Result: Kaua'i Island Center coordinated six Hawaiian lecture series workshops for the inmates at Kaua'i Community Correctional Center

—Result: Maui Island Center coordinates through the County of Maui all Maui County Youth Centers

—Result: Moloka'i Island Center, through a contract with State Department of Mental Health, administers the Moloka'i Mental Health Children Project that assists about 20 children and their families in socio-psychological coping skills and in the provision of stress therapy.

—Result: O'ahu Island Center contributed to the formation and first grant award of $86,300 of Na Oiwi O O'ahu, a new nonprofit organization giving technical assistance to entrepreneurs and those interesed in expanding their businesses

—Result: ALU LIKE Public Information Office responded to over 100 public requests for information on ALU LIKE projects and programs.

Q. IS ALU LIKE IN BUSINESS?

A. The Economic Development Institute, or EDI, was established in 1981 by ALU LIKE, Inc., to enable Hawaiians to become more actively involved in Hawaii's business and financial community. Business assistance is now provided at island centers.

ALU LIKE assists Hawaiians who wish to engage in small business activities with business consultants in marketing research, business planning, venture analysis, profit and loss projections, cash flow projections, financial statements and loan packaging; to assist businesses and communities to generate new employment and training opportunities for Hawaiians.

ALU LIKE has a wholly-owned subsidiary, Alu Like Enterprises, Incorporated, which has a separate board and focuses on for-profit business activities which could generate revenues for ALU LIKE's non-profit purposes.

Q. HOW CAN WE GET INVOLVED OR HELP?

A. There are various ways you can ***kokua*** (help) ALU LIKE. Members and non-members should contact the Administrative Offices in Honolulu or the ALU LIKE Center on your island. We welcome and appreciate any assistance you can provide us and, through us, those whom we serve.

Our ALU LIKE Song

by Haunani Apoliona, O'ahu Island Center Administrator

	E alu like mai kakou	Let us work together
	E na 'oiwi o Hawai'i	Natives of Hawaiʻi
	Na pua mae 'ole	The descendants (flowers) that never fade
	Na pua nani e	The beautiful, handsome descendants
	E alu like mai kakou	Let us work together
	E na 'oiwi o Hawai'i	Natives of Hawaiʻi
	Na pua mae 'ole	The descendants (flowers) that never fade
	Na pua mae 'ole	The descendants (flowers) that never fade
I.	*E hana me ka 'oia'i'o*	Let us work with sincerity
	E hana me ka ha'aha'a	Let us work with humility
	E 'olelo pono kakou	Let us speak at all times with goodness/righteousness
	E hana me ka 'oia'i'o	Let us work with sincerity
	E hana me ka ha'aha'a	Let us work with humbleness
	E 'olelo pono kakou	Let us speak at all times with goodness/righteousness
	E 'olelo pono kakou	Let us speak at all times with goodness/righteousness
II. *(HUI)*	*E nana aku i ke kumu*	Let us look to the source (of our stregnth)
	E ho'olohe mai	Let us listen (to that source)
	E pa'a ka waha	Let us work not so much with the mouth
	E hana me ka lima	Let us work more with with hands
	E nana aku i ke kumu	Let us look to the source (of our strength)
	E ho'olohe mai	Let us listen (to that source)
	E pa'a ka waha	Let us work not so much with our mouth
	E hana me ka lima	Let us work more with the hands
	E pa'a kawaha	Let us work not so much with the mouth
	E hana me ka lima	Let us work more with the hands

ALU LIKE Offices

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Rachael Kamakana, ICA

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Haunani Apoliona, ICA

Special Projects

Hale Ola o Ho‘opākōlea
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Phone: (808) 668-2361
Leonard Kwan, Director

Native Hawaiian Vocational Education Program
401 Kamakee Street,
Third Floor
Honolulu, Hawai‘i 96814
Administrator,
Gary Omori

Native Hawaiian Library Project
1325 Kalihi Street
Honolulu, Hawai‘i 96819
Phone: (808) 845-1410
Project Coordinator,
Mahealani Merryman

E alu like mai kākou, e nā ‘ōiwi ō Hawai‘i
Let us work together, natives of Hawai‘i

Additional copies may be obtained by calling the ALU LIKE Public Information Office Telephone (808) 521-9571 or by contacting your nearest Island Center.

PREPARED STATEMENT OF MYRON B. THOMPSON

Aloha. My name is Myron Thompson, and I represent the Kamehameha Schools/Bishop Estate. It is a privilege to testify before this committee and especially before you, Senator Inouye, as chairman. Thank you for your continued support of Native Hawaiians; your accepting the chairmanship of this committee once again demonstrates your commitment to bring Hawaiians to parity with the rest of the nation.

I would like to first give the committee an overview of the long-standing and well-documented educational needs of Native Hawaiians. In May, 1979, this committee held hearings on S. 916, a bill providing educational programs for Native Hawaiians. S. 916 was not adopted. Rather, a Commission was created to fully assess the educational needs of Native Hawaiians. In 1982 I was asked by Secretary of Education Terrel Bell to chair the Executive Steering Committee for the Native Hawaiian Educational Assessment Project. Our Final Report was presented to Secretary Bell in March of 1983. On March 21, 1984, I appeared before your committee to present the results of the study.

REVIEW OF EDUCATIONAL NEEDS

The Native Hawaiian Educational Assessment Project (NHEAP) Final Report indicated that Native Hawaiian students suffer from an across-the-board lack of parity with their peers nationally. Specifically, the report demonstrated the following major needs:

1. Standardized Achievement Needs. Hawaiian students score below parity with national norms in reading and math, and they are well below the other ethnic groups in Hawaii.

2. Special Educational Needs. Native Hawaiians face a wide array of economic, physical, and mental health problems which affect their academic achievement.

3. Culturally-related Academic Needs. Hawaiians

have increasingly become "strangers in their own land" and lost remnants of their values, lifestyle, language, and beliefs. This loss has manifested itself in depression, self-disparagement, and inferior scholastic achievement.

NEEDS ASSESSMENT UPDATE

The following are updates of the main findings of NHEAP.

1. POPULATION
The total number of Hawaiian students in all schools, public and private, grades K - 12, is larger than previously thought, currently estimated at approximately 58,900. This is about 4,500 in each grade level. The school-age Hawaiian population is projected to increase through the year 2000. Students who are identified as Hawaiian constitute 21.7% of the DOE student population, the second largest group. The other large groups are Caucasian (23.4%), Filipino (19.4%) and Japanese (15.7%). All others are less than 5% (Figure 1).

2. BASIC SKILLS
In achievement tests of Basic Skills, Hawaiian students continue to fall below national norms (Figures 2 - 5). Test scores have continued to improve slightly each year. Currently, in reading and vocabulary, 37% of Hawaiian elementary students are estimated to fall in the lowest three scoring groups (as compared with 23% nationally); 12% fall in the uppermost groups (vs. 23% nationally). These severe decrements in Basic Skills demonstrate the need for an effective intervention that reaches the Hawaiian students where most of them are in school, namely, the Hawaii Department of Education.

3. PRESCHOOL
Hawaiian preschool age children have a severe weakness in verbal skills. Over 67% score in the lowest stanines on a test given by the DOE at Kindergarten entry (Figure 6). The national norm is 23%. Risk factors start at birth. Thirty-one percent of all low birthweight babies are Hawaiian. Forty-two percent of all teenage mothers are Hawaiian. Health remains a problem for many Hawaiian families, particularly with respect to heart disease, lung cancer, and diabetes. A national study by the Office of Technology Assessment indicates that mortality rates for Hawaiians are 34% higher than the national average. More than three-quarters of the children entering Kamehameha Schools preschools fail the hearing screening conducted by Kapiolani Women's and Children's Medical Center. The critical period of early development before Kindergarten requires an intensive, preventive effort which can bridge the gap between health needs, social needs, and education by fully involving the family.

4. HIGHER EDUCATION

At the other end of the developmental continuum, Hawaiian students continue to miss out on the benefits of higher education. At the University of Hawaii, Hawaiian students continue to be underrepresented, comprising 8.5% of the student body. The shortage is even more severe at the 4-year, baccalaureate degree granting Manoa campus, where 5.0% are Hawaiian. (Table 1) Few who do attend institutions of higher education continue on to graduate schools (3.9% of the graduate students at the University of Hawaii, Manoa are Hawaiian) and into professions requiring graduate degrees. As ninth-graders, one-third of Hawaiian public school students aspire to complete four or more years of college. One-half to three-fourths of their peers in other ethnic groups aspire to complete college. A concerted effort to increase enrollment through scholarships and counseling assistance at all levels of higher education is required.

5. UPPER ACHIEVEMENT LEVEL

As Figures 2 - 6 demonstrate, one of the most severe needs for Hawaiian students is at the upper end of the achievement curve. What progress has been made in the last five years has been movement from the lowest end of the curve into the middle. NHEAP findings indicate that Hawaiian students are underrepresented in the Gifted and Talented programs conducted by the DOE, comprising 6.8% of that group, while Caucasians comprise 32.2% and Japanese, 34.0%. Private schools serve some of the most talented Hawaiian students, but demand for admissions far outstrips available space. At Kamehameha Schools, for example, for 1986-87, 1,018 students applied for admissions at Grade 7. This is 24% of the total number in this age group. There were 260 available spaces. Thus, Kamehameha was able to accept 26% of those who applied. This is 6% of the estimated number of potential students in that age group. Much more needs to be done to encourage educational excellence in order to achieve real parity.

6. SPECIAL EDUCATION

Hawaiian students are overrepresented in Special Education categories, particularly Learning Disabled (Table 2). Concern has been expressed by community groups specializing in the learning disabled that even more Hawaiian youngsters are in need of this assistance. Further, concern has been expressed about cultural bias in the process by which children are screened for disabilities. Alienation, represented by absenteeism, continues to be a problem for Hawaiian students, with 27% of all excessively absent students being Hawaiian. Interest in Hawaiian cultural studies and pride in heritage remains strong and growing, however. The DOE offers Hawaiian Studies as an integral part of the curriculum, including a Kupuna (elders) program. Hawaiian students with special education or handicapping conditions desperately need special programs which can address their unique cultural situation while assisting them to achieve their full potential.

Mr. Chairman, the educational needs of Native Hawaiian children have now been well documented and have been presented to this committee and other committees several times. In short, to use the jargon of the time, we have a severe literacy problem. Our survival and the quality of our lives hinge on our ability to read and use language. The myriad needs described above all relate to literacy, a tool that is critical to the survival of Native Hawaiians, their culture, and their ability to reach parity with the rest of the nation.

It is now time to take firm action to address Native Hawaiian needs. I wish now to turn my attention to two crucial questions:

1. What kinds of action are recommended to meet these needs, and

2. How does S. 360 address these recommendations?

RECOMMENDED SOLUTIONS

Mr. Chairman, in past testimony I have presented to your committee a set of recommended programs which dealt with these needs in an systematic way. In order to be inclusive, these programs represented three necessary approaches:

1.) PREVENTIVE - those programs which provide early identification of children who are at-risk to potential learning problems and create environments which will then prevent these children from experiencing problems;

2.) REMEDIAL - those programs which identify children with the problems and find ways to remediate them; and

3.) PROSPECTIVE - those programs which look to the *future*, which aim to prepare Hawaiian students for the challenges and competition which lie beyond basic schooling.

The highest priority currently is the dissemination of a highly successful reading program for elementary level students developed by Kamehameha Schools. It is at the same time a preventive and a remedial program. This is called the Kamehameha Elementary Education Program, or KEEP.

The Kamehameha Early Education Program (KEEP)

The Kamehameha Elementary Education Program has developed a reading program of demonstrated effectiveness for children of Hawaiian ancestry who have consistently achieved below national norms. In the initial experiment upon which subsequent KEEP curriculum has been developed, children who received 3 years of KEEP instruction scored at the 50th percentile. Matched control group children not receiving KEEP instruction scored at the 25th percentile. The program stresses comprehension skills and utilizes teaching methods that are compatible with children's learning styles.

External evaluations of KEEP by nationally recognized experts have confirmed the integrity and success of this program. Much of KEEP is a process which utilizes knowledge of the at-risk child's early learning styles to develop a program compatible with those styles. This approach has proven so successful with Native Hawaiian children that it is currently being tried on a cooperative experimental basis with Navajo children in Rough Rock, Arizona.

A Demonstration School is the hub of training and dissemination for the KEEP Program. There, personnel are trained to export the program into the public schools, curriculum is developed and tested, and evaluation and research is conducted. The cost for this comprehensive laboratory school is about $2 million annually.

KEEP is currently in six of Hawaii's 166 public elementary schools, at a cost to Kamehameha Schools/Bishop Estate of $1.5 million annually. It is estimated that if KEEP were in twenty schools serving 8000 at-risk Hawaiian children, it could raise achievement to coincide with national norms and approach the other three major ethnic groups in Hawaii.

Thus far the entire cost of this effort to improve reading achievement for Native Hawaiian children has been borne by the Kamehameha Schools/Bishop Estate. External assistance is needed in order to expand this successful program into twenty schools by 1990. By that year, the KEEP reading program would be serving 8000 children, 700 at the Kamehameha Elementary Demonstration School and 8000 (includes 4000 non-Hawaiians) in the twenty public schools.

We have developed a schedule of expansion which we believe, with shared resources, is workable. The schedule of expansion for the next seven years which includes numbers served, annual costs, (all figures in 1986 dollars), and per pupil expenditures are estimated as follows:

1986-87	6 Schools	2000 children	$1,343,671	$560 per pupil
1987-88	8 Schools	2500 children	$1,714,671	$672 per pupil
1988-89	10 Schools	3500 children	$2,181,671	$623 per pupil
1989-90	12 Schools	4500 children	$2,647,670	$588 per pupil
1990-91	14 Schools	5867 children	$3,067,670	$523 per pupil
1991-92	17 Schools	7233 children	$3,642,670	$504 per pupil
1992-93	20 Schools	8600 children	$3,737,670	$435 per pupil

KEEP is not a "pull-out" program. Thus the number to be served in these schools includes non-Hawaiian as well as Hawaiian children. The ratio is currently one non-Hawaiian child for each Hawaiian child served.

Costs are estimated to drop to $300 per pupil after KEEP has been fully placed in the twenty schools for five years.

In addition to the training of teachers which takes place as a part of KEEP's dissemination efforts, also crucial are teacher training programs which can provide new teachers with knowledge and experience with Native Hawaiian student

Obviously, interagency cooperation is absolutely necessary to this effort. Dissemination takes place first through teachers who are already a part of the Hawaii State Department of Education, and new teachers will come largely from the teacher training programs at the University of Hawaii.

Family Based Education Centers

For the past several years, under the heading of Preventive Programs, we recommended a comprehensive early education and family resource effort based on the successful model of Child and Family Resource Centers. In the Fiscal Year 1985 Appropriations Bill for the Departments of Labor, Health and Human Services and Education (Senate Report 98-544; Conference Report 98-1132) language was included which supported this concept. In fact, the Kamehameha Schools/Bishop Estate has received a planning grant from the Maternal and Child Health Program of the Department of Health and Human Services and is actively developing parent-child development centers to serve Hawaiian families.

Several factors contributed to the selection of the model for Family Based Education Centers. First, education, health and social services programs are seen as three corners of an equilateral triangle needed to effect change within multi-risk families. Depending upon the particular goals of a program, any one of the three components may be the apex of the triangle and serve as the primary focus. Since Kamehameha Schools is primarily an educational institution, its approach emphasizes education as primary in social change. In order to develop an adequate educational program, however, the cooperation and active involvement of health and social service agencies which serve the same population must be sought. Together, all three components must work together to provide a coordinated support system for families. It is recognized that if any one leg of this triangle is removed the other components cannot stand alone.

Second, a continuum of programs provided for families with children in the prenatal to age five range is necessary to effect more enduring change. Early intervention programs which serve a narrower age band of children frequently produce program effects which are short lived after the support of the program is removed. With multiple risk families, programmatic support must be long and intensive.

The first goal of the home visitor component, called Kupulani, is to assist the family in delivering a healthy, full term, full weight newborn into the family. A comprehensive pre- and perinatal curriculum has been developed which can be used by the home visitor to convey information to the family. The primary consideration early in pregnancy involves health, with some emphasis on helping family members become more effective consumers of available services within the community. Cognitive growth in these earliest years is encouraged by the home visitor using a specially designed, culturally compatible curriculum based on the use of Quilts and T-Shirts.

By the time they are two, Hawaiian children have become quite social and have already begun to form small peer groups within extended family clusters. Thus, the traveling preschool component was developed for families with children in the 2-3 year age range. An opportunity is provided for families within communities to get together two mornings a week with a preschool teacher.

The third component of the program is a center based preschool which emphasizes language development of the four year old children. Here, the primary responsibility for education within the program lies with the teacher. The parent is encouraged to take on a role directly supportive to the educational activities which take place within the classroom.

OTHER NEEDED PROGRAMS

There is need for prospective programs enabling fuller accomplishments by Native Hawaiians. Funds for college counseling, financial aid, job training for future professions, identification, and programs for the gifted and talented will help to round out our efforts to provide comprehensive educational services to Native Hawaiians.

We also continue to be concerned about the overrepresentation of Native Hawaiians in special education.

HOW DOES S.360 ADDRESS THESE RECOMMENDATIONS?

Senate Bill 360 would directly impact on the needs of Native Hawaiian students utilizing all three approaches; preventive, remedial and prospective. Each section addresses the needs outlined above.

After a description of the findings and the authorization to establish programs for Natives Hawaiians in Sections 1 and 2, further sections provide for the needs described in the earlier sections of this document.

Section 3 establishes full implementation of the KEEP model curriculum described earlier. The bulk of the actual educational programs here and in subsequent sections would be directed to the Hawaii State Department of Education, the centralized educational agency of the State.

Section 4 establishes the Family-Based Education Centers throughout the Hawaiian Islands, another effort described in detail earlier.

Section 5 creates grants for Higher Education.

Section 6 creates programs for the Gifted and Talented.

Section 7 creates programs in Special Education.

Passage of S. 360 can and will significantly improve education for Native Hawaiians.

In summary, S.360 addresses some of the basic recommendations from NHEAP and fits well with the current priorities. We are especially pleased that its provisions would permit the effective development and dissemination of the KEEP reading program and of Family Based Education Centers.

NATIVE HAWAIIANS AS NATIVE AMERICANS

We now have ample evidence of the needs. We are also confident that the programs established in S. 360 will be of great assistance to Native Hawaiian education. We now wish to reinforce for the committee that the educational situation of Native Hawaiians is similar to that of other Native Americans in that achievement is below parity with the rest of the nation and that this seems related to loss of native culture.

The U.S. Congress, through various pieces of legislation since 1974, including most recently the Carl D. Perkins

Vocational Education Act, does recognize and treat Native Hawaiians as Native Americans. It is beyond the scope of my testimony to present a thorough historical treatment of the unique legal relationship that exists between the U.S. Government and Native Hawaiian people, but most analysts have agreed that Congress does retain the right to legislate on behalf of Native Hawaiians as Native Americans based on treaties, as well as historical and legal precedents.

By creating specific programs targeting the most severe educational needs of Native Hawaiians, S.360 reasserts the basic position that such programs should in no way detract from those other programs which have been created for other Native Americans.

HEALTH PROGRAMS

Mr. Chairman, I would also like to ask your support of S. 136, a bill to improve the health status of Native Hawaiians. Without maternal good health and nutrition, a child cannot be born healthy. Without good health, a child cannot learn well.

Your committee has comprehensive information of the severe health needs of Native Hawaiians (Senate Report 99-532). Others testifying today are professionals in health and will be able to provide further in-depth information. However, I feel it necessary to reiterate the magnitude of the need as revealed in a needs assessment sponsored by the federal government and reported in the 99th Congress. In short, Native Hawaiians have been found to have the **poorest overall health** status of any of the major ethnic groups **in the State of Hawaii**. Their life expectancy has been found to be from five to ten years shorter than the average for all groups in the state. **The incidence of diabetes for Hawaiians is 222% higher** than the national average. Recent mortality data reported in Senate Report 99-532 indicate that in certain age groups, Hawaiians have the highest mortality rate in the **nation. In several specific forms of cancer, Hawaiians have the highest incidence in the world**.

This is compelling evidence that most people cannot understand and believe - that these people who shine in tourist publications, who appear to thrive in this tropical paradise, swim and frolic in clear, clean, blue water, and eat wondrous tropical fruit, are in such a condition. Yet the data speak loud and clear.

SUMMARY

In summary, Native Hawaiians currently suffer from a wide array of educational and health problems. Attempts to resolve these problems will require the joint efforts of federal, state, and community groups, public and private. As a private institution whose mission is to provide educational services to Native Hawaiians, we pledge to do our part. Every effort is being made to have the State of Hawaii provide cooperative assistance. And since the federal government has, through other laws and acts, accepted its share of the responsibility for assisting Native Hawaiians in their efforts to reach parity with the rest of the nation, the passage of these bills will serve to further the accomplishment of this goal.

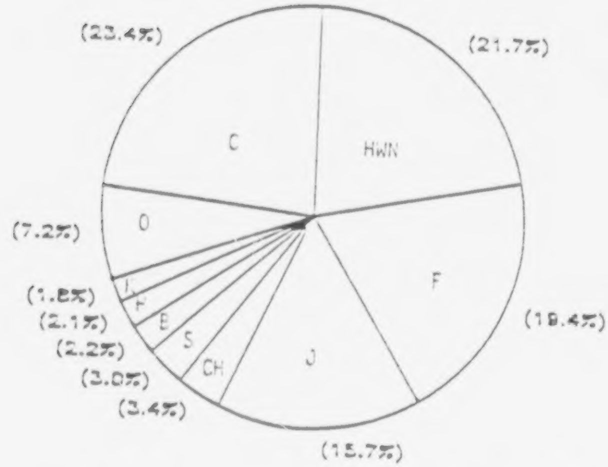
Mr. Chairman, passage of S. 360 and S. 136 are critical to the self-sufficiency of Native Hawaiians; to their successful battle against illiteracy. Not only will their lives be improved but the lives of all the citizens of the state of Hawaii and the Nation will accordingly be affected.

Thank you and the members of your committee for your interest and concern for the Hawaiian people.

Figure 1

Ethnicity of Students Enrolled

by the Hawai'i DOE, 1985–86

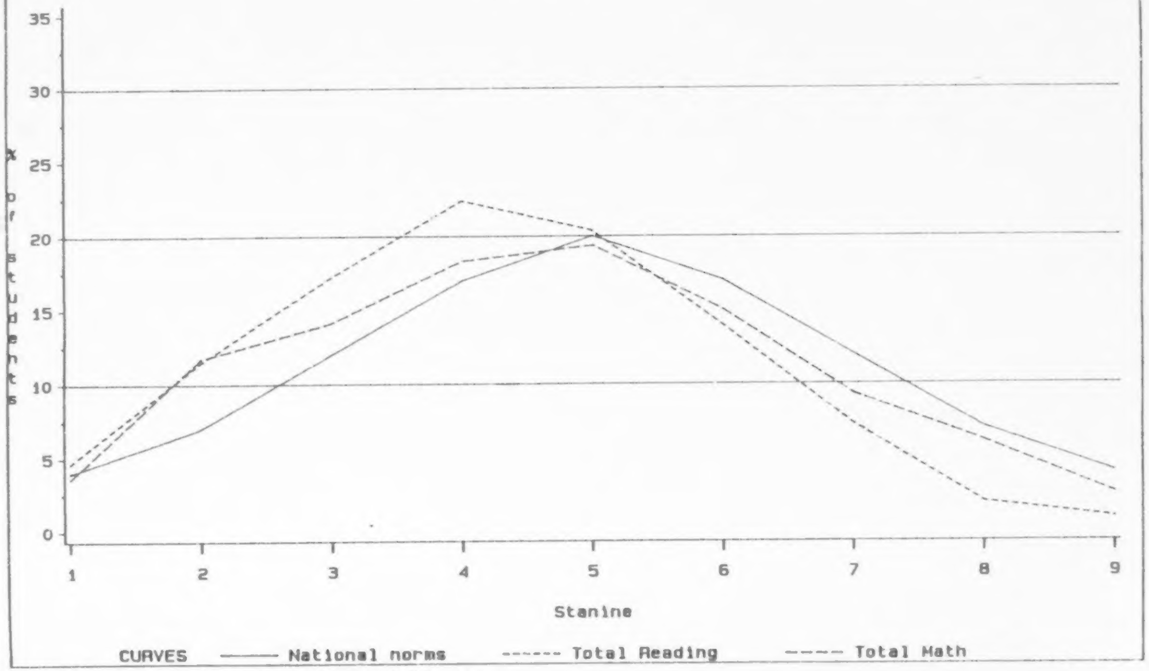


Key	Ethnicity	Number	Percent
C	Caucasian	38,001	23.4%
HWN	Hawaiian	35,270	21.7%
F	Filipino	31,525	19.4%
J	Japanese	25,394	15.7%
CH	Chinese	5,497	3.4%
S	Samoan	4,901	3.0%
B	Black	3,570	2.2%
H	Hispanic	3,459	2.1%
K	Korean	2,917	1.8%
O	Other	11,714	7.2%
		162,248	100.0%

Source: Hawaii State Department of Education

Figure 2

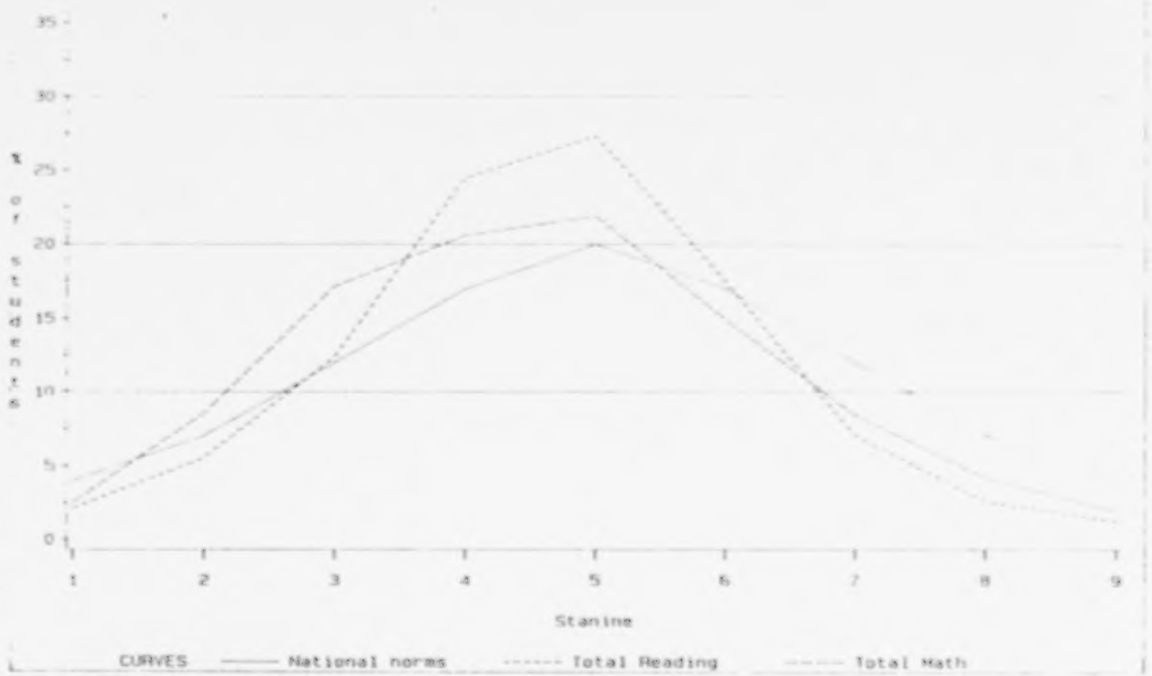
Grade 3 Hawaiian Students in Hawaii Public Schools, 1985–86: *Stanford Achievement Test* Total–Reading and Total–Math Stanine Scores



Source: Hawaii State Department of Education

Figure 3

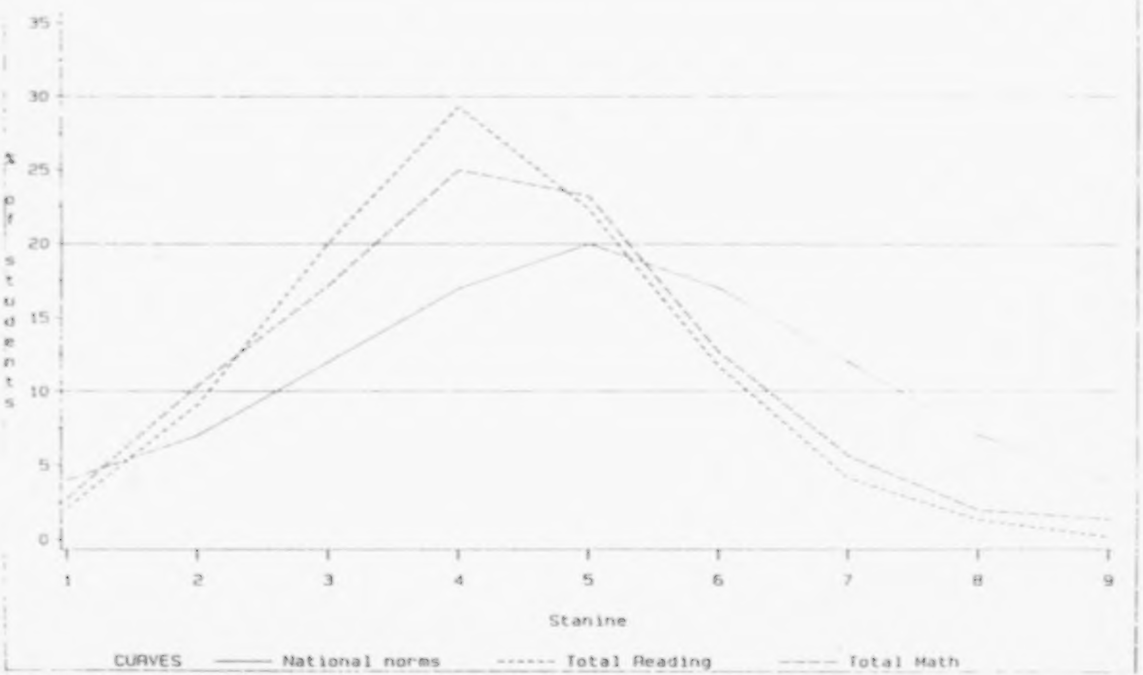
Grade 6 Hawaiian Students in Hawaii Public Schools, 1985–86: *Stanford Achievement Test* Total–Reading and Total–Math Stanine Scores



Source: Hawaii State Department of Education

Figure 4

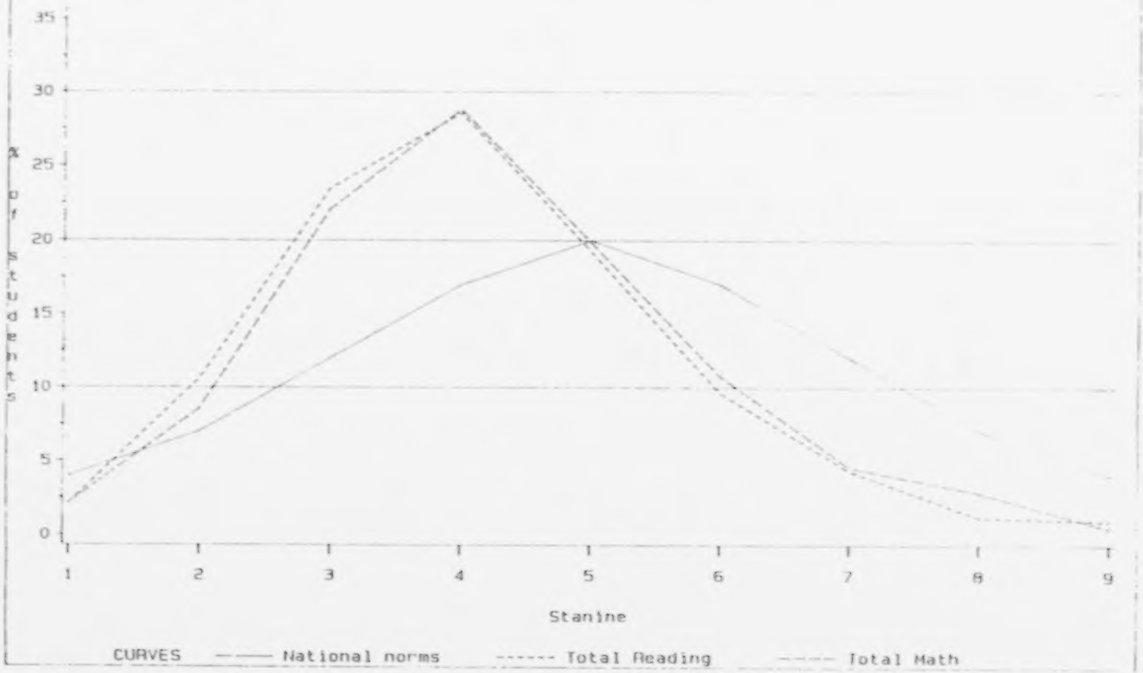
Grade 8 Hawaiian Students in Hawaii Public Schools, 1985–86: *Stanford Achievement Test* Total–Reading and Total–Math Stanine Scores



Source: Hawaii State Department of Education

Figure 5

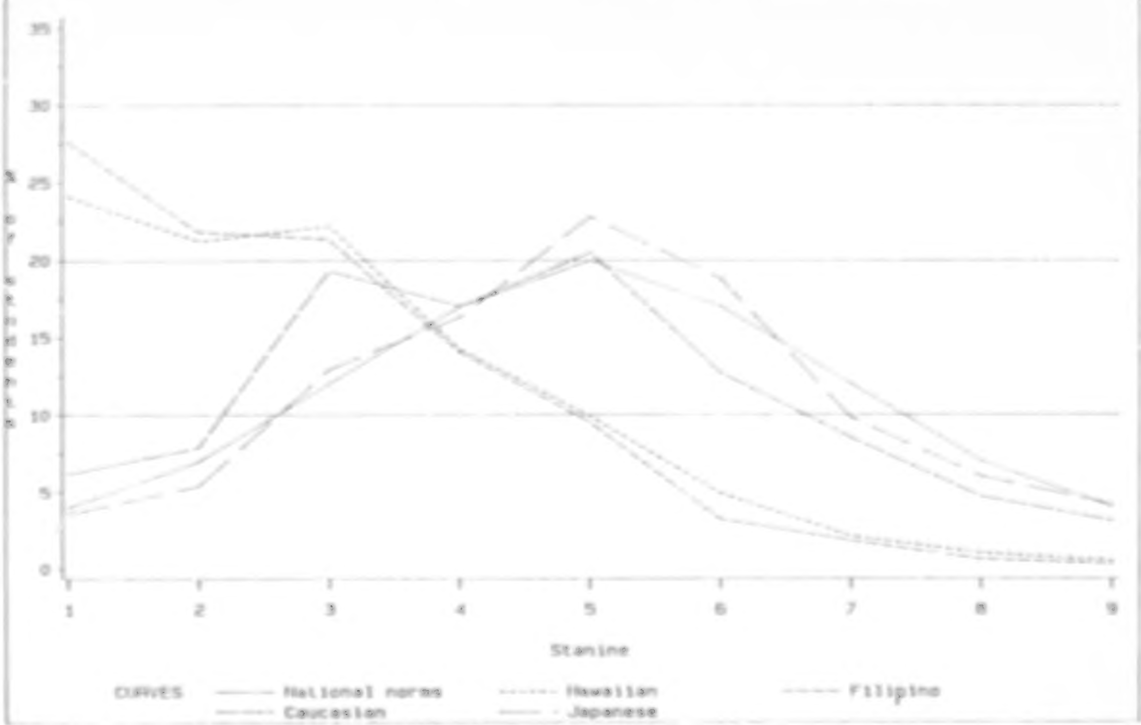
Grade 10 Hawaiian Students in Hawaii Public Schools, 1985–86: *Stanford Test of Academic Skills* Total–Reading and Total–Math Stanine Scores



Source: Hawaii State Department of Education

Figure 6

Kindergarten Students in Hawaii Public Schools, Fall, 1983:
Peabody Picture Vocabulary Test Stanine Scores



Source: Hawaii State Department of Education

Table 1

[illegible]

Source: University of Hawaii

Table 2

Percent Distribution by Ethnic Group for 16 Special Education Diagnoses, State of Hawaii Public Schools, 1980-1981

	PERCENT OF TOTAL SCHOOL ENROLLMENT	PERCENT OF SPECIAL EDUCATION ENROLLMENT	SPECIFIC LEARNING DISABILITIES (N = 7,394)	SPEECH IMPAIRED (N = 1,816)	MENTALLY RETARDED EDUCABLE (N = 838)	MISSING DIAGNOSTIC LABEL (N = 630)	MENTALLY RETARDED TRAINABLE (N = 359)	SEVERELY EMOTIONALLY DISTURBED (N = 358)	ORTHOPEDICALLY HANDICAPPED (N = 172)	HARD OF HEARING (N = 141)	PRESCHOOL LEARNING IMPAIRED (N = 139)	SEVERELY MULTIPLY HANDICAPPED (N = 134)	DEAF (N = 130)	MENTALLY RETARDED SEVERELY (N = 84)	PARTIALLY SIGHTED (N = 27)	MENTALLY RETARDED PROFOUNDLY (N=27)	BLIND (N = 20)	DEAF AND BLIND (N = 10)
Percent of Special Education Enrollment			60.1	14.8	6.9	5.2	2.9	2.9	1.4	1.2	1.1	1.1	1.1	.7	.2	.2	.2	.1
Caucasian	24.5	25.2	13.7	30.5	18.5	34.7	24.8	39.6	25.0	21.2	20.1	22.1	20.0	15.5	27.6	14.8	25.5	20.0
Hawaiian	20.4	31.8	36.4	23.4	30.0	22.6	17.8	24.8	24.0	26.9	31.0	24.3	33.1	20.3	22.2	25.9	15.0	30.0
Japanese	18.7	9.6	7.6	16.2	8.3	8.1	17.0	7.2	17.4	12.1	7.2	8.1	10.0	26.2	7.4	18.5	15.0	20.0
Filipino	18.7	15.4	14.4	13.8	24.3	13.6	20.9	13.4	9.3	24.1	15.8	19.1	18.5	25.0	22.2	14.8	40.0	10.0
Chinese	3.8	2.2	2.0	3.0	1.8	1.7	5.0	1.7	4.1	.7	2.9	5.1	3.1	3.6	0.0	3.7	0.0	0.0
Samoan	3.2	4.8	5.2	2.8	8.5	3.8	5.8	1.1	5.8	5.7	2.9	2.9	3.1	1.2	3.7	7.4	0.0	0.0
Hispanic	2.0	3.5	3.9	2.3	3.5	3.3	3.3	3.6	4.1	3.8	4.3	5.1	3.8	1.2	0.0	0.0	0.0	10.0
Korean	1.8	1.0	.8	1.7	.6	.6	1.1	2.2	2.3	.7	2.2	2.9	2.3	0.0	0.0	3.7	0.0	0.0
Black	1.4	1.7	1.6	1.4	1.5	3.3	1.1	1.9	0.0	1.4	5.0	0.0	1.5	0.0	0.0	0.0	0.0	0.0
Other	5.3	4.8	4.6	5.0	2.8	6.3	2.8	4.5	7.0	4.2	8.6	10.3	4.7	6.2	14.8	3.1	0.0	10.0
Percent of School Enrollment			7.5	4.5	1.1	.5	.4	.2	.2	.1	.1	.1	.1	.1	.1	—	—	—

Source: Data obtained from State of Hawaii Department of Education, 1982

PREPARED STATEMENT OF ANTHONY J. MARSELLA

Good afternoon and welcome to Hawaii. My name is Anthony J. Marsella, and I am the Vice President for Academic Affairs at the University of Hawaii. On behalf of Gladys A. Brandt, Chairman of the Board of Regents of the University of Hawaii, and Albert J. Simone, President of the University of Hawaii, I wish to testify in favor of Senate Bill 360, a bill to improve the educational status of Native Hawaiians by providing support for five major programs: (1) A Native Hawaiian Model Curriculum Project, (2) a Native Hawaiian Family Based Education Center, (3) a Native Hawaiian Higher Education Demonstration Program, (4) a Native Hawaiian Gifted and Talented Demonstration Program, and (5) a Native Hawaiian Special Education Program.

Each of these programs represents a much needed resource for improving the educational status of Native Hawaiians and when these programs are considered as a group, their potential for signficantly altering the educational status of Native Hawaiians is dramatically increased.

The Native Hawaiian people lived here for more than a thousand years before others appeared on the horizons. Then, with a suddenness for which the Native Hawaiians were unprepared, strangers from foreign lands arrived and challenged their traditional way of life with new beliefs and practices which were often contemptuous of the centuries of tradition the Native Hawaiians had lived by. The new ways eventually eroded Native Hawaiian culture leaving behind a population decimated by disease and social disintegration. It is estimated that within 100 years of the arrival of Captain Cook, the Native Hawaiian population was reduced by thirty percent.

Today, the Native Hawaiian people continue to be faced with many challenges to the remnants of their once proud culture that had conquered thousands of miles of ocean waters and that had mastered tropical lands to create a way of life that was and will always remain a dream for all who yearn for harmony with nature. Today, the Native Hawaiians are the highest risk group in the State of Hawaii for virtually every index of disease, social welfare, and education.

Since Senate Bill 360 is concerned with educational status, we wish to point out that Native Hawaiians are ranked among the lowest groups on every measure of educational progress and achievement used to monitor educational status including standardized tests, school adjustment, graduation, and so forth. Numerous studies such as *E Ola Mau* (1985) and *The Native Hawaiian Educational Assessment Project* (1983) document the seriousness of the educational problems faced by Native Hawaiians and recommend interventions which are similar to the proposals in Senate Bill 360.

In brief, the needs of the Native Hawaiian people are not being met by our educational system. We need new strategies and opportunities. Unless new programs are introduced which can reverse the tragic trends that exist, it is clear that Native Hawaiians will have little hope for altering the unfortunate circumstances of their current lives. Education is their one hope for improving their future. It is the major pathway available to them for changing the conditions under which they live.

The University of Hawaii is dedicated to improving the educational status of Native Hawaiians. We have responded with a vigorous new effort that includes an active student recruitment program for Native Hawaiians. In addition, we are working closely with our State Department of Education to develop cooperative programs directed toward improvements in the delivery of educational services to Native Hawaiians. Further, we are establishing Native Hawaiian Studies Programs on all of our campuses to help insure the preservation of Hawaiian culture and tradition.

But, perhaps most importantly, the University of Hawaii is developing a new commitment to the Native Hawaiian people. It is commitment that involves caring rather than apathy, involvement rather than indifference, and action rather than rhetoric. We are confident that we can make a difference and we look forward to working with the Federal Government in the development of the many new programs and projects that are proposed in Senate Bill 360. Thank you for this opportunity to testify on behalf of such an outstanding bill.

Prepared Statement of

Gladys A. Brandt

Chairperson, Board of Regents

University of Hawaii

and

Albert J. Simone

President

University of Hawaii

We wish to testify on behalf of Senate Bill 360, a bill to improve the educational status of Native Hawaiians by providing support for five major programs: (1) A Native Hawaiian Model Curriculum Project, (2) a Native Hawaiian Family Besed Education Center, (3) a Native Hawaiian Higher Education Demonstration Program, (4) a Native Hawaiian Gifted and Talented Demonstration Program, and (5) a Native Hawaiian Special Education Program. Each of these programs constitutes a much needed resource and as a group they offer an impressive series of opportunities for the Native Hawaiian people.

It is important to remember that the Native Hawaiian people lived here for more than a thousand years before others appeared on the horizons. Then, with a suddenness for which the Native Hawaiians were unprepared, strangers from foreign lands arrived and challenged their traditional way of life with new beliefs which were contemptuous of the centuries of tradition the Native Hawaiians had lived by. The new ways eventually eroded Native Hawaiian culture leaving behind a population decimated by disease and social disintegration. It is estimated that within 100 years of the arrival of Captain Cook, the Native Hawaiian population was reduced by thirty percent.

Today, the Native Hawaiian people continue to be faced with challenges to the remnants of their once proud culture that had conquered thousands of miles of ocean waters and that had mastered tropical lands to create a way of life that was and will always remain a dream for all who yearn for harmony with nature. Today, the Native Hawaiians are the highest risk group for virtually every index of disease, social welfare, and education. Since Senate Bill 360 is concerned with educational status, we wish to point out that Native Hawaiians are among the lowest groups on every measure of educational progress and achievement including standardized tests, school adjustment, graduation, and so forth.

In brief, the needs of the Native Hawaiian people are not being met by our school system. Unless new programs are introduced which are capable of reversing the tragic trends that currently exist, it is clear that Native

Hawaiians will have little hope for altering the unfortunate circumstances of their current lives. Education is their one hope for improving the future. It is the only pathway available for increasing upward mobility and for changing the conditions of powerlessness under which they live.

The University of Hawaii is dedicated to improving the educational status of Native Hawaiians. We have responded with a vigorous new effort that includes an active student recruitment program for Native Hawaiians. In addition, we are working closely with our State Department of Education to develop cooperative programs directed toward improvements in the delivery of educational services to Native Hawaiians. Further, we are establishing Native Hawaiian Studies Programs on all of our campuses to help insure the preservation of Hawaiian culture and tradition.

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PREPARED STATEMENT OF EDWARD J. KORMONDY

Mr. Chairman and members of the Select Committee on Indian Affairs, I am pleased to testify in support of Senate Bill 360 relating to the Education Status of Native Hawaiians.

Over the past two hundred years, Native Hawaiians have experienced a substantial decline in population and severe socio-cultural disintegration. Depression, loss of identity, alienation, poor self-concept, fear of failure, fear of success, hopelessness, and helplessness are a few of the recurring descriptions of a significant portion of the Native Hawaiian population according to the Assessment Project published in 1983. Reviews of Native Hawaiian health and educational needs show that a significant portion of Native Hawaiians suffer from pervasive vulnerability to various problems which include: high rates of alcohol and substance abuse; high suicide rates among young adults; poor educational performance in the public schools; low enrollment in higher education; high rates of family violence; and the majority of inmates in Hawaii prisons (Alu Like, 1979; White and Landis, 1980; Blaisdell, 1983). In addition, Native Hawaiians occupy a low socio-economic position in the State of Hawaii: they have the lowest median income among the four major ethnic groups and represent the highest proportion of the population in low status occupations.

Whereas not all of these conditions are resolvable by improvement in attainment at all levels of the educational spectrum, many are. And, given cultural traditions, many would be resolved or alleviated provided there are sufficient leadership in the Hawaiian community itself. Such leadership is often reflected in role models of success in the business, industrial, governmental and professional community, roles that are increasingly dependent on the attainment of post-secondary education. However, the fact is that Hawaiians are grossly underrepresented in higher education, and most notably at the University of Hawaii which comprises the public higher education institutions in the State in which most Hawaiians live. Hawaiians constituted only eight percent of the total University of Hawaii Student body in Fall 1984, ranging from 4.9 percent at UH-Manoa to 15.8 percent at UH-Hilo. Professor Kiyoshi Ikeda, of the University of Hawaii-Manoa, indicates that given the pool of Hawaiians available and eligible for higher education, present enrollments are only 40 percent of what would be expected. Demographic data show that in Hawaii, Hawaiians are the largest ethnic group in the age cohort of 18 years of age and younger. This translates to Hawaiians having the largest available population for college eligibility. The data also indicate that among Hawaiians 25 years of age and older who have attended college, only 35% actually obtained a bachelor's degree as compared to 60% of Chinese, Caucasians, and Japanese in the same age group. There is thus a significant pool of adult Hawaiians who have not completed a college degree.

At present, efforts to recruit Hawaiian students depend to a large extent on individual faculty and staff efforts. The University of Hawaii at Hilo's higher proportion of Hawaiian students as compared to the UH System, is the result of committed faculty and staff who offer a variety of programs that appeal to different students. Among these programs are Reaching Out for Success in Nursing, Health Careers Opportunity Program, Hawaiian Leadership Development Program, Minority Biomedical Research Students' Program, and Hawaiian Studies certificate baccalaurate degree programs. A recent unpublished doctoral dissertation by David Sing, of the University of Hawaii-Hilo, reports that when underprepared Hawaiian students are placed in a classroom environment that is closely aligned with values and practices associated with Hawaiian home values, a significant positive change in attitude toward education, school officials, classmates, and themselves results.

Thus, the intent of Senate Bill 360 is on target. Its various components befit the pattern of programs that have been initiated elsewhere regarding black and native Mexican students with which I had considerable experience at the California State University, Los Angeles. Implementation of the Model Curriculum Project developed by the Kamehameha

Schools, the family-based education centers, the fellowship assistance and special education programs are proven approaches to undergirding an overall enhancement of the educational status of Native Hawaiians and correcting the foregoing dire statistics on underdeveloped potential. I am confident that the University of Hawaii through its diversified programs and dispersed campuses will productively cooperate in effecting successful outcomes of these various components of the Bill.

In the urge to be accessible and to be all things to all people, and given the resource allocations required to address the very considerable responsibility of assisting so very many underprepared students, there is a segment in all of America's educational programs that too often gets left out--the gifted and talented. In the significant national study, A Nation at Risk, the National Commission on Excellence in Education in Education chaired by David P. Gardner, now President of the University of California, noted, "The Federal Government, in cooperation with States and localities, should help meet the needs of key groups of students such as the gifted and talented...(a group which) includes both national resources and the Nation's youth who are most at risk." This group of students, the report further notes, "...may need a curriculum enriched and accelerated beyond even the needs of other students of high ability."

Fortunately, Sente Bill 360 specifically addresses this population of Hawaiian students, calling for a demonstration program to address the special needs of gifted and talented elementary and secondary school students.

Unapologetically, Mr. Chairman, I suggest that the final language of this bill consider locating a demonstration project on the Big Island of Hawaii for a number of reasons, among them: 1) Hawaiians constitute the largest ethnic group of high school students on the island of Hawaii; 2) in 1985, 51% of all births in Hilo were Hawaiian-this population will dominate the elementary schools in but a few years; 3) there is a broad spectrum of Hawaiian communities on the Big Island, from rural ones in which traditional Hawaiian traditions are practiced to semi-urban, more or less "assimilated" middle-class groups; 4) there is an existing gifted and talented program at Waiakea High School (in Hilo) whose staff would constitute an experienced resource for a program directed specifically to Hawaiian students; 5) Hilo High School has been designated as a magnet school in the performing arts, an attraction for students gifted in those fields; 6) the UHH Hawaiian Studies Faculty were instrumental in developing and implementing a program for pre-schoolers called "Punana Leo" (meaning "language nests"), the objective of which is to preserve the Hawaiian language - instruction is entirely in Hawaiian for these tots, and talent is encouraged to mature. In addition to these salient reasons, the presence of a higher education institution on the Big Island is an invaluable adjunct to successful gifted and talented programs as demonstrated elsewhere, serving to provide resource personnel, college-level classes and activities for gifted and talented students, and leadership models among students, faculty and staff.

In summary, I indicate my strong support for this bill as a means of enabling more Native Hawaiians to assume their rightful role in contemporary society.

PREPARED STATEMENT OF ILIMA A. PIIANAIA, CHAIRMAN HAWAIIAN HOME COMMISSION

Mr. Chairman and Members of the Senate Select Committee on Indian Affairs:

The Hawaiian Homes Commission is the executive body that heads the Department of Hawaiian Home Lands, one of seventeen executive agencies of the State of Hawaii. The Department administers the Hawaiian Homes Commission Act, 1920, as amended, to provide benefits to "Native Hawaiians," defined by Section 201(a)(7) of that Act as "any descendant of not less than one-half part of the blood of the races inhabiting the Hawaiian Islands previous to 1778."

Pursuant to the Hawaiian Homes Commission Act, the Department provides residential, agricultural, and pastoral homestead lots to Native Hawaiians through 99-year leases at an annual rent of $1. The Department holds 187,597 acres of Hawaiian home lands on the Islands of Oahu, Kauai, Maui, Molokai, and Hawaii, the land trust created by the Hawaiian Homes Commission Act. The intent of the homesteading program is to increase the economic self-sufficiency of Native Hawaiians by providing land.

In addition to providing homestead leases, the Department is also authorized to provide loans and financial assistance for home building, home repairs and replacement, and for the construction and development of farms and ranches. The Department also provides technical assistance to Native Hawaiian farmers and ranchers, and also operates water systems in certain homestead areas.

At the present time, 5,806 Native Hawaiians are lessees of Hawaiian home lands and nearly 15,000 are applicants for homestead leases. Our beneficiaries would qualify for and benefit from the health programs proposed by S. 136 and the educational programs proposed by S. 360.

In 1983, the Native Hawaiian Study Commission found that "Native Hawaiians continue to experience a form of fatal impact usually associated with the last century. Neither Hawaiian nor Western medicine has effectively halted the damage." (p. 148-49, volume 2 of the Report).

Two years later, in 1985, Alu Like, Inc. initiated a Native Hawaiian Health Research Consortium which began an extensive review of Native Hawaiian health data. The Department of Hawaiian Home Lands participated as an active member of the Consortium and fully supported its findings and recommendations. Those findings and recommendations have led to today's consideration of S. 136.

The Department of Hawaiian Home Lands fully supports the intent and purpose of S. 136 and S. 360. We do wish to offer two comments on S. 136.

1. S. 136 provides for the Department's representation on the Native Hawaiian Health Promotion and Disease Prevention Advisory Board. We would be most pleased to work closely with the others represented on the Advisory Board to carry out the Board's responsibilities.

2. It is noted that the Advisory Board will be involved in the awarding of contracts to Native Hawaiian organizations to establish and administer programs of health promotion and disease prevention designed to serve Native Hawaiians, as well as awarding grants to Native Hawaiian organizations to develop the management capabilities of organizations to plan and operate programs. The Advisory Board is to provide the Secretary of Health and Human Services with quarterly and annual reports.

   Because of the Advisory Board's important role, it is suggested that the Advisory Board be provided staff and funds to enable it to carry out its responsibilities. Logistical support for the Advisory Board will likely be a recurring problem and your Committee may wish to address that concern by expressly providing for staff and funding support in the bill, or in the alternative, by designating and providing funding to an existing agency in Hawaii to furnish administrative support to the Advisory Board.

We appreciate very much the opportunity to offer these comments and to express our support for these two measures which will significantly help to meet the special needs of Native Hawaiians.

Ilima Piianaia

Ilima A. Piianaia, Chairman
Hawaiian Homes Commission

PREPARED STATEMENT OF

NATHANIEL CHING, MD, FACS
GENERAL, THORACIC AND CARDIOVASCULAR SURGERY
2228 LILIHA STREET, SUITE 303
HONOLULU, HAWAII 96817

We congratulate you for your foresight and humanitarian concerns in the introduction of important legislative initiatives addressing the multitude of health problems in Native Hawaiians. I, Nathaniel Ching, MD, am a Thoracic Surgeon currently involved in cancer research with Biological Response Modifiers (BRM) such as interferons and interleukins in the treatment of cancer patients in Hawaii. Clara Y. Ching, PhD, an immunobiologist, is investigating the biology of natural immunity or natural killer (NK) cells as our body's natural immune defense mechanism against cancer and infectious diseases. Our clinical research, the Hawaii-Biological Response Modifiers Research Program (HI-BRM), located at St. Francis Medical Center in the John A. Burns School of Medicine, Departments of Surgery and Medicine, focuses on natural immunity and biological response modification. We are interested in BRM because they offer new immunotherapeutic approaches to cancer by increasing the ability of the patients own immune killer cells or natural immunity to destroy his tumor cells. The ultimate goal in this biomedical research, thus, is in disease prevention, control and treatment.

We strongly endorse passage of both S. 136 and S.360, bills to improve the health and education status of Native Hawaiians. The unique health problems of Native Hawaiians must be addressed. In comparison to other ethnic groups, the Hawaiians have the highest incidence of breast and lung cancer. As cancer researchers, we are currently addressing the question whether a deficiency in the biology of natural immunity status is related to their increased propensity for cancer. The genetics of cancer, environmental factors, lifestyle relating to diet and psychosocial factors and how they affect our body's natural immune defense against viruses and infectious disease need to be investigated in Native Hawaiians. Our preliminary studies have identified deficiencies in natural immunity which must be further evaluated and methods developed for prevention and control of cancer and other health-related problems.

Furthermore, not only is there an increased incidence of cancer, but once the cancer develops in Native Hawaiians, they suffer greater morbidity from their cancers. Many aspects of cancer treatment must be evaluated and improved for Hawaiians. Our HI-BRM research program is developing new cancer treatment with BRM to enhance the body's natural immunity to fight cancer and improve the survival of Hawaiians as well as other cancer patients. We also provide educational opportunites in biomedical research to minority students of Hawaiian descent at the University and High Schools to encourage them to enter health related fields.

We thank you for this opportunity to present testimony on S.136 and S.360 and strongly urge the passage of this very innovative legislation which would enhance the health and education of native Hawaiians. Should there be any further questions, we would be happy to provide additional testimony.

Sincerely,

Nathaniel Ching MD

Nathaniel Ching, MD
Director, Hawaii-BRM Clinical Trials

Clara Y Ching, PhD

Clara Y. Ching, PhD
Immunobiologist

PREPARED STATEMENT OF RUTH M. ONO, VICE PRESIDENT
QUEEN'S MEDICAL CENTER

Chairman Inouye and members of the Select Committee on Indian Affairs:

For the record, I would like to submit my support of S. 136: To improve the health status of native Hawaiians, and for other purposes. I am Ruth Ono, Vice President of the Queen's Medical Center of Honolulu, Hawaii.

Queen's proudly shares in the rich heritage of Hawaii. Our name draws from our royal founders, King Kamehameha IV and Queen Emma, who started the first hospital 127 years ago for the Hawaiian population. Today, as the largest private medical center in Hawaii, we offer our services for inclusion in the comprehensive health system proposed under this measure.

We in Hawaii cannot address the pressing needs of native Hawaiians without the impetus and guiding hand of the federal government offered in S. 136. Thus, I humbly request your support of this bill. Thanking you kindly, I remain

Very respectfully,

Ruth M. Ono
(Nrs,) Ruth M. Ono
Vice President

PREPARED STATEMENT OF JEAN L. J. LUM, R.N., PH.D., F.A.A.N. DEAN AND PROFESSOR SCHOOL OF NURSING UNIVERSITY OF HAWAII AT MANOA

I am very pleased to have the opportunity to submit written testimony in support of S. 136, "to improve the health status of Native Hawaiians and for other purposes," and S. 360, "to improve the education status of Native Hawaiians and for other purposes." I would like first, however, to express deep and sincere appreciation to you, Senator Inouye, for your long-standing, strong, and vigorous support of legislations benefiting our Native Hawaiians and Pacific Island populations as well as legislation benefiting the health and education of our citizens.

Without question, numerous reports on Native Hawaiians substantiate the fact that Native Hawaiians are disproportionately represented in many negative social and physical statistics (indicative of special educational needs), experience higher mortality and morbidity rates, and suffer higher incidences in a number of disease and health related problems. Native Hawaiians are disproportionately underrepresented in institutions of higher education and underrepresented in both traditional white collar and health care professions. There is thus an urgent need to provide Native Hawaiians with additional opportunities to assist them with both educational and health care options to better their quality of life.

Role for School of Nursing

The University of Hawaii School of Nursing welcomes the opportunity and challenge to work with appropriate Native Hawaiian organizations in seeking ways to increase the number of Native Hawaiians with preparation in nursing and dental hygiene and to assist with improving the health status for Native

Hawaiians. The School of Nursing is committed to meeting and serving the health care needs of Hawaii's people and is responsible for the education of nurses at the associate, baccalaureate, and master's degree levels. The School is also responsible for the education of dental hygienists prepared at the certificate and bachelor's level through its Department of Dental Hygiene. The School of Nursing likewise is committed to assisting with and conducting health related research to gain better understanding and knowledge in working with Hawaii and Pacific Islanders.

The School of Nursing has a good track record in working with Native Hawaiians and Pacific Island students. More recently, the School has offered a Special Nursing Opportunities Program, which is federally funded from the Division of Nursing, to assist Hawaii disadvantaged and Pacific Island students to pursue a career in nursing at the University of Hawaii at Manoa. Currently, over 50 percent (15 of 28) of the enrolled students are Native Hawaiians. The proposed Higher Education Fellowship assistance program for Native Hawaiian students in S. 360 would greatly assist these students in enrolling in our two or four-year nursing degree and master's programs in nursing and our certificate and bachelor's programs in dental hygiene. The School of Nursing is fully supportive of these important legislative initiatives to benefit Native Hawaiians and other Pacific Island peoples.

We appreciate whatever assistance you can provide in maintaining a priority interest in these education and health initiatives to improve the quality of health and life for Native Hawaiians.

PREPARED STATEMENT OF JEANETTE TAKAMURA, PH.D.

DIRECTOR, EXECUTIVE OFFICE ON AGING
STATE OF HAWAII
March 6, 1987

Honorable Chairman and Members of the Committee:

Re: S.B. 136-1987 TO IMPROVE HEALTH STATUS OF NATIVE HAWAIIANS

The State Executive Office on Aging supports the intent and purpose of S.B. 136. Our office disburses federal funds received under the Old Americans Act for programs and services to Hawaii's older adult population. While many of our programs and services have reached greater numbers of elderly Hawaiians in recent years, we recognize that aggressive initiatives by our Office and other Departments and agencies are needed to meet those special service needs of Native Hawaiian elderly which are often attributable to the impact of various historical, cultural, social, and economic forces.

The health care problems of our Native Hawaiian population have been documented in several studies completed by private and public sector researchers. The State Department of Health, Research and Statistic Report issue no. 38, A Mortality Study of the Hawaiian People, by Mele A. Look, 1982, indicates that Hawaiians have a higher mortality rate than the rest of the State's population in the following categories:

Diseases of the Heart
Arteriosclerotic Heart Disease
Hypertensive Heart Disease
Cancer
Diabetes Mellitus

The above mentioned diseases are believed to be more prevalent among Native Hawaiians in part because of nutritional factors--specifically the high salt and fat content in the Native Hawaiian diet. May we note that Native Hawaiians traditionally used high levels of salt in their diets to preserve as well as to spice their foods. The high fat content can be explained as a consequence of the irregular supply of foods which was a reality for islanders.

The Native Hawaiian population is also believed to have higher mortality rates because of the socioeconomic disadvantages and the cultural stresses faced by its members.

Because of our concern for the Hawaiian elderly, the Executive Office on Aging wishes to recommend S.B. 136 §3(a)(2)(A) be amended to read:

"including maternal and child health care, multidimensional geriatric health and psychosocial assessment, and mental health care,"

We also recommend to §3(a)(2)(G) be amended to add:

(XI) Geriatric Care

and that §3(b)(2)(A)(ii) be amended to add:

(XXII) the Executive Office on Aging of the State of Hawaii

Our office is committed to the outcomes of any program that would increase the life expectancy potential of the Native Hawaiians. We therefore strongly support any Congressional effort that would facilitate such initiatives and significantly improve the standard of health of this at-risk group.

We appreciate this opportunity to provide you with our views.

PREPARED STATEMENT OF CHARLES M.L.S. NAKOA, EXECUTIVE DIRECTOR QUEEN LILIUOKALANI CHILDREN'S CENTER, LILIUOKALANI TRUST

Honorable Senator Daniel K. Inouye, Chairman of the United States Senate Select Committee on Indian Affairs,

I am Charles Malukahili Lee Sing Nakoa, Executive Director of the Queen Lili'uokalani Children's Center, Lili'uokalani Trust. I present this testimony in strong support of S. 360, to improve the education status of Hawaiian natives and S. 136 to improve the health status of native Hawaiians.

Everyday in their work, my staff are faced with the problems of assisting Hawaiian children who are orphaned through death of a parent, or by birth to a single parent. The goal of the Center is empowerment of families and their children for self-sufficiency. Achieving this goal calls for assuring a permanent home, safe and nurturing for each child to grow to be a strong and loving person.

In 1985 the Trust contracted a study of the needs and problems of Hawaiian orphans and half-orphans. This study was prompted by the growing concern for the increasing number of children born to single unmarried parents in the age range 0-10 who were seeking assistance in child care, economic assistance, and developing their parenting skills.

The study which was conducted by SMS Research confirmed that Hawaii has witnessed a rapid increase in the number of children living in single parent households. Moreover, this trend will continue. Directly related to this demographic is the percentage of children living in poverty. The family discord and lack of parental support which accompanies this condition worsens the plight of the young.

The Hawaii Planned Parenthood Newsletter, Volume 2, No. 5, Winter 1987 cites the following: "This year in Hawaii (1987) we can expect 3,000 teen-age girls to become pregnant. The cost of teen-age child bearing in Hawaii was approximately five million four hundred thousand dollars ($5.4) in 1983." Although a percentage will seek abortion, we know from past experience those that continue with the pregnancy will most likely keep their child. Since Hawaiian/part-Hawaiians have the highest rate of out-of-wedlock births, we can assume that a good percentage of this group will be Hawaiian/part-Hawaiians.

In 1986 the Queen Lili'uokalani Children's Center, Lili'uokalani Trust, provided services to one thousand four hundred seventy-two (1,472) children born to a single, never married parent.

Many of these young parents received little pre-natal care, are in need of education and practical experience in child care and general health promotion. Many also lack basic education, as well as skills for employment. Many are motivated to seek education and job training, but are frustrated due to the lack of affordable child care.

Both the Hawaiian family based education centers, as well as the Health Promotion and Disease Prevention thrust addresses compelling needs of our Hawaiian children. Their preventive stance generates hope for the future of Hawaiian children and their families.

Mahalo for the opportunity to share my concerns and express my full support of Senate Bills 136 and 360.

PREPARED STATEMENT OF TERRI NEEDLES-RICHARDSON, PH.D., PRESIDENT HAWAII PSYCHOLOGICAL ASSOCIATION, HONOLULU, HAWAII

Aloha, Chairman Inouye and members of the committee:

My name is Terri Needels-Richardson, and I am President of the Hawaii Psychological Association. It is indeed a privilege to testify before this committee and you, Senator Inouye, as chairman. Thank you for your continued support of Native Hawaiians as well as your efforts on behalf of the field of psychology and all behavioral science.

My purpose today is to testify in favor of Senate Bills 136 and 360.

As you know, psychologists bring the skills of behavioral science to both the health care arena and education. We are thus deeply concerned with the plight of the descendents of the original inhabitants of these islands. It is tragic that in a state which enjoys generally good health and strong support for education Native Hawaiians find themselves at the bottom of most indicators of social progress, including health and education.

Your committee has received much information and testimony to this effect. Members of the Hawaii Psychological Association have been deeply involved in both the Native Hawaiian Educational Assessment Project (NHEAP) (1983) and E Ola Mau, the Native Hawaiian Health Needs Study (1985). I will not reiterate the litany of problems these reports reveal.

I will, however, emphasize the profound finding in both studies that traditional Hawaiian culture espoused a belief system integrally relating health, education, and spirituality. This holistic viewpoint is very much in keeping with the modern concept of health promotion and disease prevention.

Senate Bill 136 provides for a systematic, preventive, community-based approach to improving the health status of Native Hawaiians. We want to assure you of our support for this Bill and this approach. Psychology has made great gains in learning how to effectuate the kinds of habit change that can reduce the risk of chronic diseases.

We are particularly supportive of the section providing scholarships in the health care professions. Psychology is one of those health care professions in which Native Hawaiians are severely underrepresented. Encouraging and supporting graduate training is, we feel, an excellent way to increase the number of Hawaiian psychologists and thus to also increase the utilization of mental health services by the Hawaiian community.

The Hawaii Psychological Association aslo strongly endorses Senate Bill 360. The Kamehameha Elementary Education Program (KEEP) is a good example of how research by an interdisciplinary team, including psychologists, can develop a culturally compatible educational curriculum that works. Family based education centers are another high priority. It is in the earliest years of a child's life that health and learning habits are established which are most fundamental for future development.

Again, grants for higher education will encourage more Native Hawaiian youngsters to attend and complete college and graduate training.

The sections providing Gifted and Talented programs as well as Special Education programs will enable the Department of Education to better serve the Hawaiian children in these categories.

Finally, I want to mention our support for the inclusion of necessary data collection, research, and evaluation activities in all of these programs to ensure that the outcomes are maximally beneficial for the Hawaiian community.

Mr. Chairman, I do not need to remind you that we who live in Hawaii are indeed fortunate. Yet we cannot consider our home islands truly blessed until all of Hawaii's people have equal opportunity for a healthy and fulfilling life. We are very proud to be a part of the partnership called for at the federal, state, and local level, and we look forward to the day when Native Hawaiians will be able to share with the rest of the world their own success story.

PREPARED STATEMENT OF GEORGE D. BUSSEY, M.D., PRESIDENT HAWAII PSYCHIATRIC SOCIETY

The Hawaii Psychiatric Society is honored to submit written testimony on S. 136, a bill to improve the health status of Native Hawaiians, and S. 360, a bill to improve the education status of Native Hawaiians.

E Ola Mau, the Native Hawaiian Health Needs Study, (1985), S. 136 and S. 360 document the tragic mental health problems of Native Hawaiians, their under-utilization of existing facilities, and their low numbers in health care professions.

Doctors Benjamin Young, Naleen Andrade, and Kuhio Asam, who are members of the Hawaii Psychiatric Society, are the only three Native Hawaiian psychiatrists in the State of Hawaii. They serve approximately 200,000 Native Hawaiians in the state. Two of them are general psychiatrists, while the third is a child psychiatrist. The University of Hawaii School of Medicine Department of Psychiatry has accepted two Native Hawaiian women to begin their psychiatry residency this June. It is expected that they will become members-in-training in our Society.

Through Dr. Andrade we have become aware of E Ola Mau, and support their mission to insure that Native Hawaiians achieve lōkahi -- the healthful harmony of self (body, mind and spirit) with others and all of nature -- and function effectively as citizens and leaders in their homeland.

We support your efforts in the passage of S. 136 and S. 360, as they would provide much needed resources for services, training, education and research of Native Hawaiian health care.

Please feel free to call upon us for any further inpute into S. 136 and S. 360, and any other health legislatino we may be able to help with.

Sincerely,

George D. Bussey, M.D.
President
Hawaii Psychiatric Society

E OLA MAU

January 14,1987

E Ola Mau--"Live On!"--began in March 1985, as a group of Native Hawaiian professionals who were part of a research consortium of health experts in the state of Hawai'i. This Native Hawaiian Health Research Consortium focused on: Review of health data and studies about Native Hawaiians; identification of Native Hawaiian health needs and issues following analysis of the data; and the development of five task forces--medical, mental, nutrition/dental, historical/cultural and strategic planning--to address these health needs and issues. The final report of this research was entitled E Ola Mau, The Native Hawaiian Health Needs Study.

The E Ola Mau study documented the near-fatal physical, psychological, spiritual and cultural devastation of Native Hawaiians since 1778. That devastation continues today, and if left unchecked will result in the extinction of an entire race of people along with their cultural and spiritual traditional.

Our group continued to meet after the final report was completed, and was formally organized in March 1986. We chose the name E Ola Mau because we believed the work of the E Ola Mau study had to live on and be implemented. Presently E Ola Mau consists of over forty Native Hawaiian health professionals--kupuna and kahuna lapa'au(traditional healers), nurses, dental hygienists, nutritionists, physicians, psychologists, social workers, pharmacists and others from almost every facet and level of health care. We form a state-wide network encompassing every island, including the health care professionals who serve the people of Ni'ihau.

E Ola Mau's mission is to insure that we Native Hawaiians achieve lōkahi--the healthful harmony of self (body, mind and spirit) with others and all of nature-- and function effectively as citizens and leaders in our homeland.

To fulfill our mission, E Ola Mau's work can be divided into three stages:

Stage I (which we have already completed):

- Formally organize and begin working with existing health care providers(individual and institutional) and Native Hawaiian organizations in order to coordinate a comprehensive health care plan.
- To provide Native Hawaiian health expertise in federal, state and local Native Hawaiian health legislation.
- To educate local and national health care groups about Native Hawaiian health care needs.
- To give consultation and to work toward insuring the delivery of direct health care services to, for and about Native Hawaiians.

Stage II (has been initiated and will be completed in 1987):

- To have a full-time administrative staff and headquarters.
- To formalize a Comprehensive State-wide Native Hawaiian Health Care Master Plan. This plan includes a health promotion and disease prevention program which will attempt to address the unique (based upon specific historical/cultural traditions) health care needs of Native Hawaiians.

Stage III (Which we will begin by the end of 1987):

- Activate a functioning network of existing federal, state, county, community and private organizations to implement the Native Hawaiian Health Care Master Plan.
- Develop new approaches to Native Hawaiian health care based upon the results of ongoing health care programs.

March 4, 1987

Dr. William H. Wilson
2894 Pulima Drive
Hilo, Hawai'i 96720

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Senator Inouye,

This letter is to bring to your attention the existence of a population of families actively cultivating Hawaiian as the first language of their children and to ask your support of this group of people in legislation involving areas such as the following:

1. Education for Hawaiians and Native Americans, especially early childhood and elementary education
2. Mandatory kindergarten
3. Declaring an official language of the United States, especially legislation that denies the indigenous American Indian, Aleut, Eskimo and Hawaiian languages official status in their own homelands
4. Bilingual education, especially that which requires transitional programs (gradual abandonment of a child's ancestral language in favor of English) over maintenance programs (maintaining and developing the child's native language along with English)
5. Legislation funding the study and teaching of languages other than English
6. Legislation funding the study of culture, especially culture unique to the United States

My interest in families cultivating Hawaiian as a first language of their children is both personal and professional. Both my wife and I speak only Hawaiian with our children and send them to the Pūnana Leo O Hilo, a Hawaiian language medium school for preschool-aged children. We teach Hawaiian language and culture at the University of Hawai'i at Hilo and also are board members of the 'Aha Pūnana Leo, Inc. which runs the Hawaiian language medium schools being opened on various islands.

According to the Office of Hawaiian Affairs Population Survey/Needs Assessment the Hawaiian language is the top cultural priority of the Hawaiian people and an area that Hawaiians would like to see expanded in cultural programs. More and more Hawaiians are hearing about other indigenous cultural/linguistic minorities such as the Catalans of Spain, the Welsh of Great Britain and the Frisians of the Netherlands who have successfully combined language maintenance with full participation in today's global economy. Many would like to see similar benefits accrue to Hawaiians and the Hawaiian language.

The general public, and sometimes legislators as well, occasionally assume that the major Hawaiian agencies and trusts are centrally involved in Hawaiian language maintenance. This is not true and thus the needs of those wishing to continue a living spoken Hawaiian language are overlooked if imput from outside these agencies is not received for legislation affecting all Hawaiians.

Because The Kamehameha Schools/Bishop Estate has been involved in lobbying for and dispersing federal funds for Hawaiians in the area of education it is important to point out that at present there are no provisions for families wishing to maintain the Hawaiian language in any program conducted by the Kamehameha Schools.

The Kamehameha Schools have been approached by Ni‘inau residents and members of the ‘Aha Pūnana Leo, Inc. for early childhood education assistance through the medium of Hawaiian and have been denied. Parents of Hawaiian speaking children have been informed that Kamehamena will not give the entrance examination for its elementary school in Hawaiian. A Kamehameha sponsored program for Ni‘ihau children enrolled at Waimea Canyon Elementary School is a transitional bilingual one in which children are expected to replace their Hawaiian with English. There are no efforts on the part of Kamehameha to ensure that these children expand their knowledge of Hawaiian and how to read and write it. The children are actually removed from class when the D.O.E. kupuna visit to share knowledge of the Hawaiian language and culture with the children from English and pidgin backgrounds in the school.

There are a number of people working within The Kamehameha Schools/Bishop Estate who are interested in Hawaiian medium education but at present the major researchers and lobbiests for the Estate have not included any provisions for the type of high quality modern education through the medium of the indigenous language that one finds outside the United States. It is important that some word of interest in maintaining the Hawaiian language reach Washington. Could you please protect the survival of the Hawaiian language and seek support for families involved in nurtuing the language among their children as a first language in legislation in areas such as those listed earlier. I have included some materials on Hawaiian language maintenance efforts for your information.

Sincerely,

Dr. William H. Wilson

Dr. William H. Wilson

Thank you for all your support for native Hawaiian legislation. Progress is being made.

OFFICE OF THE LIEUTENANT GOVERNOR
STATE CAPITOL
HONOLULU, HAWAII 96813

JOHN WAIHEE
LIEUTENANT GOVERNOR

(808) 548-2544

March 31, 1983

Mr. Larry_Kimura
Kā 'Aha Pūnana Leo
1447 Kewalo Street #902
Honolulu, Hawaii 96822

Dear Larry:

It was a pleasure to talk with you on Monday concerning your concept of a pre-school program conducted in the Hawaiian language.

Language is an integral part of culture and tradition, and it is highly disconcerting that there are now only 2,500 fluent Hawaiian language speakers in the world. The Hawaiian culture will flourish most fully only if we are able to replenish the future Hawaiian-speaking population.

I can think of no more effective way to approach this need than through a pre-school program. With the rapid evolution of early childhood education, we have all come to realize the breadth of the learning potential of pre-schoolers. I know that a similar program has been implemented by the Maoris of New Zealand, and I support the introduction of a model program for Hawaii.

I wish you well with this concept and will be more than happy to assist you with your efforts.

Very truly yours,

John Waihee
JOHN WAIHEE
Lieutenant Governor

JW:CP:lk

THE PŪNANA LEO PROGRAM

Pūnana Leo are year-round, full-day programs in the Hawaiian language operated under State preschool licenses. As part of a broad based effort in support of the perpetuation of the Hawaiian culture in modern Hawai'i, Pūnana Leo strive to produce children with natural fluency in Hawaiian and a command of academic skills that will serve them in the modern world. The program has two objectives: 1.) to provide a totally Hawaiian speaking environment for natural language transmission and expansion, and 2.) to provide high quality educational stimulation for children with Hawaiian cultural orientations.

All Pūnana Leo are run through the 'Aha Pūnana Leo, Inc., a non-profit volunteer organization of Hawaiian speaking educators affiliated with the University of Hawai'i System. Among its members are individuals with backgrounds in linguistics, ethnography, language planning, anthropology, literature, early education, elementary education, secondary education, economics, English as a second language, and bilingual education. The 'Aha Pūnana Leo actively assists communities in finding teachers and locations, licensing, and funding assistance as well as providing direction in program development.

The objectives of the program are carried out in Pūnana Leo Centers staffed with fluent speakers of Hawaiian trained and supported through the 'Aha Pūnana Leo. The daily activities of centers in different communities are uniform in framework and the centers share much of the same material. The Pūnana Leo Program developed by the 'Aha Pūnana Leo and staff derives from methodologies found in traditional Hawaiian home and hālau teaching, Montessori and traditional Western preschools, Hawaiian Sunday schools, and university Hawaiian language classes.

The Pūnana Leo concept of revitalizing a threatened language and culture through modern immersion education for preschool children is not a new one. The concept was first developed in Europe and has proven very successful there and in New Zealand in reviving cultures for which formerly there was little hope for survival. Studies have also shown that children from submerged indigenous cultures who pursue their own language in school also perform better in other subjects that children of the same ethnic background who do not recive such academic reinforcement of their own language.

The success observed outside Hawai'i for these programs has been duplicated in Hawai'i. Videotaped evidence from the first Pūnana Leo Centers shows that children begin active use of Hawaiian as soon as four months after entering the program. Videotaping and daily registers of new sentence structures and vocabulary used spontaneously by the children are the primary method of evaluating language learning progress in Pūnana Leo. Academic effects of the program are to be evaluated by following the progress of Pūnana Leo products once they enter the elementary schools.

The Pūnana Leo Program serves a predominantly Hawaiian population and is a pioneering effort meeting the goals that Hawaiians themselves have set for the education of their children. A 1985 survey by the Office of Hawaiian Affairs has shown that Hawaiians overwhelmingly desire preschools serving their children to reflect their own Hawaiian culture and that the vast majority of Hawaiians believe that the key to Hawaiian culture is the Hawaiian language. Pūnana Leo are the only programs in Hawai'i at present that have succeeded in teaching non-Hawaiian speaking children to speak Hawaiian as an everyday means of communication among themselves. The Pūnana Leo are also the only programs in existence offering support in their own language to the minority of children who come from Hawaiian speaking homes.

Families with children in Pūnana Leo monthly pay tuition (currently $130) and provide eight hours of in-kind labor in maintaining their center and providing materials for it. Parents also attend weekly classes in the Hawaiian language to support their children at home. The tuition is considerably lower than that charged by preschools in Hawai'i and yet there are individuals involved in the program and others interested in the program who cannot afford the entire Pūnana Leo tuition. In order to allow for maximum participation, the 'Aha Pūnana Leo has made a commitment to obtain outside funds to supplement tuition from parents.

The financial structure of the 'Aha Pūnana Leo is based on a three part funding system including:

I. Individual funds into which special monies generated by the families running a Pūnana Leo are deposited and used for expenses pertaining specificly to their own Pūnana Leo.

II. A general fund into which grants, tuition, and other monies are deposited to pay for expenses benefiting all the Pūnana Leo including supplementary assistance to the individual funds of various Pūnana Leo.

III. An endowment fund into which contributions and specificly raised monies are deposited for investment to build financial independence. One half of the profits generated by the endowment fund are deposited in the general fund with the other half returned to strengthen the endowment fund.

At present 'Aha Pūnana Leo fund raising efforts are concentrated in the area of the general fund. A flyer has been developed to solicit assistance from the public and the 'Aha Pūnana Leo has a number of Hawaiian language materials that are being prepared for sale to support the program. The main means of strengthening the program the initial year has been through grants from local foundations, agencies, individuals, and businesses. Pūnana Leo are developing a reputation for excellence in early Hawaiian education. As the program becomes known to the general public, serious strengthening of the endowment fund will begin.

There is a tremendous potential in the Pūnana Leo Program to revitalize the Hawaiian language and to provide meaningful quality early education for Hawaiian children. In its first year the Pūnana Leo Program doubled the number of young children conversing naturally in Hawaiian. These children have developed an identification of academic learning with Hawaiianess and have generated extremely strong support from their families. These achievements are not being duplicated elsewhere and are important in assuring a future for Hawaiian culture and children in these islands. The members of the 'Aha Pūnana Leo urge you to join with us and others in assisting Pūnana Leo families in supporting this program.

MATRICULATION INTO THE GRAMMAR SCHOOLS

The most commonly expressed concern regarding the *pūnana leo* is that of the transition from the *pūnana leo* into the regular school system at kindergarten or first grade. This concern has several facets that must be separated from each other in order to be addressed properly. These facets are 1.) academic skills, 2.) receptivity to an English language environment, 3.) status in the school, and 4.) support and development of Hawaiian language skills. These different areas are addressed below.

1. Academic Skills

Although there was at one time an extensive and successful Hawaiian medium education system in Hawai'i, the general public is unaware that it ever existed. Many people assume that "Hawaiianness" and academics in the modern sense are incompatible. Typically this view is associated with an image of Hawaiians as a stone-aged people living in grass huts, an image as inconsistent with present reality as one of Euro-Americans as Pilgrims living in log cabins.

The *pūnana leo* program teaches and strengthens Hawaiian in a school-like environment. A by-product of the program will be a familiarity with the functioning of a classroom and some academic skills not unlike those obtained by children in preschool programs. The difference that these skills will be acquired through the medium of Hawaiian in not anticipated as being an overwhelming factor. Someone who reads one language can easily transfer that skill to another language he encounters. The success of European children in American schools is an example of such transfer.

Children coming out of the *pūnana leo* will be better prepared for school than English speaking children who enter the school system with no previous preschool experience. Children coming out of the *pūnana leo* will not only have many of the same skills that children who are products of preschools will have mastered, but will have an additional skill in their ability to use the Hawaiian language.

2. Receptivity To An English Language Environment

Seeing a child speak Hawaiian is reminiscent of immigrant children and brings to mind the problems immigrant children face in entering a new country with a strange language, strange-looking people, strange foods, strange religious beliefs, and strange personal habits. Hawai'i is certainly not a new country for Hawaiian-speaking children. The foods, religious beliefs, and personal habits of the general population cover a range within which that which is typically Hawaiian is well established and shared with other ethnic groups. Because the typical *pūnana leo* product is of Hawaiian ancestry, he will have little trouble blending in with other children in Hawai'i. Those of Hawaiian ancestry are in fact the largest group in the younger age brackets in Hawai'i.

Many people, in considering the *pūnana leo*, forget that the majority of the children in the *pūnana leo* program will be coming from homes in which English is spoken. Their command of English will be the same as any other child raised in Hawai'i in an English-speaking home. If the teacher in the new school is not told that a *pūnana leo* child speaks Hawaiian, she may be unaware of this special talent of the child for some time. Where multi-lingual children are commonplace, as in Europe, it is widely known that children can automaticly switch languages depending upon circumstances. An English speaking environment will be perfectly familiar to the majority of *pūnana leo* products.

There will be a minority of *pūnana leo* children for whom English will truly be a foreign language. The reason for this will lie not with the *pūnana leo*, but with the home. Children for whom English will be a foreign language will come from homes where Hawaiian is promoted as the language of the household. There will be two sources of such children: 1) Ni'ihau families who have always spoken Hawaiian at home and 2) University-educated parents who have consciously reintroduced their academicly-learned Hawaiian into the home.

Although there may be some initial shock in entering an English medium classroom, the experience will be considerably different from that of immigrant children, even for these children. The English language will be the primary area of unfamiliarity, and even here, children will have heard their parents using English under some circumstances from their infancy, e.g., at the grocery store. service station, etc. Past experience of Ni'ihau children raised outside Ni'ihau is that they rapidly pick up English and are indistinguishable from other local children in their use of English. Their unique Hawaiian-speaking background only reveals itself when they speak with family members.

Ironicly, there is reason to believe that children whose primary home identification is with Hawaiian have an advantage over other local children in mastering Standard English in the long run. Evidence for the English-learning advantages of Hawaiian- speaking children can be found in the excellent English spoken by many older Hawaiians. It is not infrequent to find that older Hawaiian-speaking individuals speak better English than their grandchildren who know no Hawaiian. Similarly, Polynesian children in areas such as the Cook Islands and rural New Zealand, who are taught English as a second language, frequently speak better Standard English than local Hawai'i children. Even Ni'ihau people who have never been systematically taught Standard English as a second language have been shown in a recent study to speak a more Standard English on the average than found among local people on the nearby island of Kaua'i.

The reason that Hawaiian speakers seem to have an advantage in mastering Standard English is that they are secure in their linguistic identity with Hawai'i and can approach learning Standard English as a simple pragmatic goal. For those raised speaking English in Hawai'i, the type of English one speaks - Hawai'i Creole English or Standard English - is a statement about one's identity and loyalties. For many Hawai'i Creole English speaking children, modifying their spoken language in the direction of Standard English is an emotionally upsetting experience. The result of the emotional conflict tied to English varieties in Hawai'i is for many local children to have termendous psychological resistance toward mastering Standard English. Even childrem raised in homes where Standard English is spoken are affected by the emotional factors attached to English varieties in Hawai'i.

For children speaking a language totally different from English, there is no emotional attachment to any pronunciation, set of vocabulary, or grammatical structure in English usage. The phenomenon of non-English speakers mastering Standard English more easily than native English Creole speakers is not restricted to Hawai'i. In Belize (formerly British Honduras) it has been noted that children of backcountry Maya Indians find it easier to learn and speak Standard English than the English patois speakers who are more urban, politically powerful, and economically successful than the Indians.

Hawaiian-speaking children, then, as a group very familiar with contemporary life in Hawai'i, should be able to adapt quite successfully to the English speaking classroom in their community. Those whose Hawaiian is the strongest should even have certain advantages over other children in the schools in their receptivity towards the mastery of Standard English.

3. Status In The School

Peer-group opinion is an important force in the life of any child in school. One of the strongest features of peer-group opinion in Hawai'i schools is the high value placed on identification with Hawai'i. Much of the conflict between Standard English and Hawai'i Creole English in the schools is rooted in the strong Hawai'i identification of Hawai'i Creole English and the clear outsider identification of Standard English. Languages other than English typically have an even greater outsider's stigma as foreign. Hawaiian, however, is not foreign. It is, in fact, the only language that has an even stronger Hawai'i identification than Hawai'i Creole English. Local school children are impressed by the ability to speak Hawaiian and often express a desire to have the same ability. An ability to speak Hawaiian is a positive status-raising factor in dealing with one's peers in Hawai'i schools.

A Hawaiian-speaking child will have increased status in the eyes of teachers as well as fellow students. Hawai'i public schools are required to teach Hawaiian language, culture, and history. Emphasis in the lower grades is on language. The Hawaiian language-oriented programs will put children from the *pūnana leo* in a position of academic superiority over not only the other children, but in most cases over the teacher because the common practice is to invite Hawaiian speaking elders to come to school to teach the students. The regular teachers have little ability in this area and usually act as students at such times.

Hawaiian speaking ability will also give a student status in the school community outside his individual classroom. Broad school functions and celebrations in Hawai'i often center around Hawaiian culture. May Day *lei* celebrations are a prime example of the strong role of Hawaiian culture in school-wide festivals that parents often attend. A child from a *pūnana leo* will be uniquely qualified to serve as an announcer for a program containing many Hawaiian terms or to have a special role in helping with the pronunciation of lyrics to songs.

Being able to speak Hawaiian will be a positive feature in determining a child's status in school after the *pūnana leo*.

4. Support And Development of Hawaiian Language Skills

As can be seen from earlier discussion, the *pūnana leo* experience is much more likely to enhance a child's position in school than detract from it. Indeed, the major concern is how the child's Hawaiian language and cultural background gained in the *pūnana leo* can be maintained and expanded as the child progresses through school.

One avenue to continue a child's Hawaiian background is to take advantage of opportunities offered in Hawai'i schools themselves. Hawaiian language and culture are mandated parts of public education in Hawai'i. At the high school level Hawaiian language is an elective, and at the university level there are degrees in Hawaiian language and culture with courses taught through the medium of Hawaiian. The head of the Hawaiian Studies Program of the State Department of Education has indicated that entry of *pūnana leo* students into the public school system will challenge the department to upgrade the quality of instruction in his area.

In addition to in-school resources, there are a number of after-school activities that could enrich a child's Hawaiian language and culture background. Popular Hawaiian culture activities such as canoe clubs and *hālau hula*, now conducted exclusively in English, could be converted to Hawaiian. The same potential exists for sports programs. The most obvious possibility is the opening of after-school language schools like the well known Japanese schools so common in Hawai'i. This possibility is already being seriously considered in the Hawaiian community outside the context of the *pūnana leo*. The beginning of after-school programs already exist at *pūnana leo* where "graduates" spend the afternoon after kindergarten at their old "alma mater".

Most ambitious would be to develop a school where the *pūnana leo* method of instruction through Hawaiian would be continued with English taught systematically as a second language. An example of such a school is Oak View Elementary in the Washington D.C. area where children from English-speaking homes are taught through the medium of French. Another example is Rock Point School on the Navaho Reservation where children from Navaho-speaking and English-speaking homes are taught through the medium of Navaho. A wide range of materials for teaching subjects ranging from geography to music and from anatomy to trigonometry in Hawaiian remain from the nineteenth century Hawaiian medium schools. These could serve as a resource for the creation of modern materials. Excellent materials for the teaching of Standard English to Polynesian-speaking children are available from New Zealand.

There are, then, several means by which the special Hawaiian language and culture skills taught in the *pūnana leo* could be maintained and developed once a child completes the *pūnana leo* program. Even if none of these are pursued, the *pūnana leo* experience with strengthen a child and his family for future endevors as it contributes to the survival of Hawai'i's unique indigenous language.

Report For Hawaiian Studies In Education Conference June 1985

Hawaiian Based Programs For Children Under Five

by The 'Aha Pūnana Leo, Inc. - Kauanoe Kamanā, Luna Ho'oikaika

Most formal programs for children under five years of age in Hawai'i include something Hawaiian in their curricula - songs, aspects of ancient culture, some Hawaiian terms, etc. The approach followed is the same as that of the established educational systems in which Hawaiian culture is taught as a second or foreign culture for enrichment of programs taught in English with an Anglo-American ethnic cultural base. I will not cover these programs in my presentation. Their needs are similar to those of Hawaiian Studies programs in the elementary schools which will be discussed in another session.

I will concentrate on programs that have a very different approach. In these programs Hawaiian culture and Hawaiian language form the base occupied by English and Anglo-American culture in other programs. Hawaiian based programs are something new in twentieth century Hawai'i, but were very common during the time of the Hawaiian Monarchy when the Department of Education and private groups both ran Hawaiian medium schools. The establishment of Hawaiian based programs for children under five does not mean the return to an outdated method unsuitable for the modern age. Indigenous language based programs have been growing throughout the world in the last half of the twentieth century. The movement to establish indigenous medium schools began among European groups such as the Romansch of Switzerland, the Welsh of Great Britain, the Frisians of the Neatherlands, and the Catalans of Spain. Indigenous medium education has expanded to North America where many Native American groups have schools run in their indigenous languages in Canada and the United States. In the Pacific, indigenous language based programs exist in Australia and New Zealand as well as in the various Pacific Island nations, colonies, and territories. Until 1983 Hawai'i was the only place in the Pacific where indigenous based language education had not been reintroduced following a period of outlawing of indigenous languages from formal education.

In late 1982, Dr. Tāmati Reedy, one of the Māoris responsible for the establishment of the New Zealand indigenous language based program for children under five, gave a speech in Honolulu sponsored by the Office of Hawaiian Affairs. In his speech, Dr. Reedy outlined the Māori program termed Kōhanga Reo as a possible model for Hawaiians to use in reviving and strengthening the Hawaiian language and culture. A number of individuals were quite interested. Two groups started making plans for the initiation of such a program in Hawaiʻi quite independently of each other.

One group was composed primarily of *kūpuna* working in the D.O.E. Kupuna program. This group was lead by Mrs. Lydia Hale assisted by Kalani Meinecke of the University of Hawaiʻi at Mānoa. This group wanted to establish a center called Hālau Likolaulani in Waimānalo, ʻOʻahu using solely *kupuna* resources.

The other group was composed primarily of individuals teaching Hawaiian in the University of Hawaiʻi system. This group was lead by Larry L. Kimura who wanted to establish a means to assist communities throughout Hawaiʻi start centers using kūpuna, people from Niʻihau, and young people trained in university Hawaiian language programs. The name of this second group was the ʻAha Pūnana Leo.

Both groups approached OHA for assistance in establishing Hawaiian based programs for children under five. Hālau Liko Laulani was chosen to serve as the OHA pilot program. The ʻAha Pūnana Leo became a tax free organization and sought start up assistance from other sources. Both Hālau Likolaulani and the ʻAha Pūnana Leo encountered similar problems among which figure:

1. Government Barriers. In 1983 the ʻAha Pūnana Leo and Hālau Liko Laulani were approaching the Department of Social Services and Housing regarding the legal requirements for a Hawaiian Based program for children under five. The DSSH had provisions allowing foreign language programs (Japanese language schools, Chinese languages schools, etc.) to establish their own standards without government interference in terms of teacher qualifications. The DSSH refused to allow the same privilege to Hawaiian language schools, but required instead that Hawaiian language schools be staffed as if they were English language preschool centers. The requirements for such centers are that the staff include one individual with a college degree, a set number of college credits in early childhood education courses (based on Western concepts of child care) and several months experience in a licensed child care center (all of which are taught in English in Hawaiʻi) plus other staff members who meet some of the above requirements.

The DSSH staffing requirements for Hawaiian based programs effectively eliminated any chance that Hawaiian based programs can be initiated in communities throughout Hawaiʻi. Hālau secured the services of the only known native speaker of Hawaiian who meets DSSH requirements. Most native Hawaiian speaking *kūpuna* have not finished high school much less college. This does not make them less qualified to care for and teach children in a Hawaiian language and culture context. Many Hawaiian speakers have raised families of ten or more children on their own, and certainly native speakers of Hawaiian are quite capable of speaking Hawaiian to little children without attending college or early childhood education courses. The 'Aha Pūnana Leo was able to obtain temporary licenses with the understanding that staff members would be enrolled in classes to meet DSSH requirements. This has meant enrolling native speakers of Hawaiian in university Hawaiian language classes to receive university credit and attending early childhood education courses based on Western methods of child care (taught in English, a second language for the majority of the employees of Hawaiian based programs.)

Based on the precedent of the *kūpuna* teachers allowed to teach without degrees in the DOE and the privileges accorded the immigrant ethnic groups such as the Japanese and Chinese in operating their schools without DSSH licensing, the 'Aha Pūnana Leo sought legislative relief for Hawaiian based programs in 1984. Bills passed committees in both the House and Senate allowing Hawaiian language schools the same privileges accorded foreign language schools, athletic programs, and dance programs to be exempt from DSSH licensing. When the bill went to joint committee, however, a provision that the exemption only apply for children over five years of age was added thus effectively eliminating the benefits of the bill for Hālau Likolaulani and the 'Aha Pūnana Leo. To the best of our knowledge the age provision of the 1984 bill has been enforced only with regards to Hālau Liko Laulani and Pūnana Leo centers. The DSSH does not appear to have contacted foreign language schools enrolling children under five, nor all the various athletic and dance programs enrolling children under five years of age.

2. Staffing Barriers

The number of fluent speakers of Hawaiian available for Hawaiian based programs is small. The Ni'ihau community on the island itself and throughout the other islands is around three hundred, many of whom are children or individuals with permanent jobs. Native speakers outside the Ni'ihau community are primarily individuals born before 1920. A number of these individuals are physically incapable of working with young children. Others have commitments to other jobs and duties, including the DOE Kupuna Program and other Hawaiian related programs. Native speakers outside the Ni'ihau community are a resource very much in demand.

The third source of fluent speakers of Hawaiian is students trained in four years of Hawaiian language at the University of Hawai'i system. Annually about fifteen such students have been produced by the University of Hawai'i system with approximately ten from Mānoa annually and approximately five from Hilo annually. The University of Hawai'i system has the ability to teach a student enough Hawaiian in four years to approach the fluency of a native speaker in many areas and also to expose a student to writings in Hawaiian from the Monarchy period that many native speakers have not not had a chance to read such as old newspapers, collections of stories and medicines, Lahainaluna texts, and deeds all written in Hawaiian.

The Ni'ihau community and the products of the University of Hawai'i are growing resources, unlike the *kupuna* resource which is rapidly diminishing. It is possible to create a indigenous language based program using just products of the University. The most successful program ever, the revival of Biblical Hebrew language in Israel after over 2,000 years of extinction was done entirely with young teachers who learned the language from books. It is much easier, however, when fluent native speakers are available to continue the language such as those from Ni'ihau and the older native speakers from the other islands. All due hast should be made in using the native speaker population while it is still available outside Ni'ihau.

In spite of the urgency of using the fluent speaker resource as rapidly as possible, caution should be exercised in chosing staff. Some fluent speakers from all three groups are not well suited for the work. Among both University students and Hawaiian speakers from outside Ni'ihau, there are individuals who are not as fluent in Hawaiian as say the Ni'ihau people are who use the language every day. Such people will have difficulty conducting themselves entirely in Hawaiian.

1. Vocabulary Barriers

One of the barriers to running a program entirely in Hawaiian is the lack of Hawaiian vocabulary to use with children who have grown up in a world of computers, electricity, and hamburgers. Older native speakers have often not used Hawaiian regularly since their youth when lanterns, mosquito nets, and sweet potato patches were part of their every day world. Ni'ihau speakers and University students have an advantage in this area because they are forced to use Hawaiian more in contemporary society and have therefore developed Hawaiian vocabulary for modern things. There is still a problem in disseminating the new words to other Hawaiian based programs and in creating new terms for new items such as "bristle blocks" (a type of block with small projections all over it).

Inventing new words and spreading them to other people is something that happens in all languages. "Computer" and "hamburger" did not exist in the English language in the time of Captain Cook but were recently invented. Many languages have committees to create new words and disseminate them, e.g., French, Spanish, Tahitian, Tagalog. The 'Aha Pūnana Leo collects words from older Hawaiian newspapers, kūpuna, and Ni'ihau speakers and uses these in the Pūnana Leo Program. Where no word can be found a new word is coined using older Hawaiian words, other Polynesian languages, or European languages including English. This method has worked fairly well but there is a need for a more organized and concerted effort in this area.

4. Program Barriers

In order for children to absorb a maximum of Hawaiian language and culture, a program must have some sort of means of bringing new words, structures, concepts, values, cultural items, etc. to the attention of the children involved. Since Hawaiian Based Programs are conducted in a Hawaiian environment, some things will just come up naturally in the course of the day. Other things will be thought of by the staff or parents. An optimal situation would be to have a detailed program that centers could use as a basic guide and then modify it according to the talents of the staff and families involved.

The 'Aha Pūnana Leo has a fulltime position of luna ho'oikaika "strengthening officer" among whose duties are the preparation of a program to be used in Pūnana Leo centers. The current luna ho'oikaika is Ms. Kauanoe Kamanā, on leave from the University of Hawai'i at Hilo Hawaiian Studies Program. Similar positions exist in New Zealand. Hālau Likolaulani currently has no person specificly working on program, but at one time included a part-time position for Mr. Kalani Meinecke from the University of Mānoa Indo-Pacific Languages Department.

5. Materials Barriers

In order for children to learn they must be exposed to some concrete objects, including educational toys, books, pictures, etc. English based and foreign language based programs have many materials that are available for sale. Materials designed in the Hawaiian language are almost impossible to purchase. Some very effective educational materials can simply be gathered by parents and staff, e.g., shells, plants, drawings. Some materials are universal in their use, e.g., blocks, paint. Hawaiian based programs have had to depend initially on these first two types of materials quite heavily. The 'Aha Pūnana Leo has a program using board members, the *luna ho'oikaika*, and parents to create materials specificly for Hawaiian, e.g., story books in Hawaiian, felt board presentations of Hawaiian stories, etc.

6. Home Support Barriers

Children progress best in an environment with support from parents. Most parents of children in Hawaiian based programs are unable to speak Hawaiian and support their children's progress. The 'Aha Pūnana Leo has established weekly night classes in Hawaiian for parents. Attendence is required as part of the child's tuition. The parents learn not only Hawaiian but what the children are doing in school and are able to ask questions regarding the program. The teachers of the night classes are members of the board and volunteers. Even Hawaiian speaking parents attend to increase their knowledge.

7. Managment Barriers

Managing a Hawaiian based program is very similar to running any other school. There are expenses in terms of rent, utilities, materials, wages, insurance, taxes, etc. plus the need for maintaining tax free status and grants, waiting lists, etc. The skills and time required to run a program are similar if not greater to those required to run a small business. Those qualified to teach Hawaiian based programs sometimes do not have experience in managing small businesses. For example, when Hālau Likolaulani was chosen to be the pilot program for OHA, little attention was given to creating a realistic budget or management procedures. Subsequently monies were mismanaged through no fault of the *kūpuna* working in the project and OHA retaliated by cutting off funds. This unfortunate situation should have been avoided initially. The 'Aha Pūnana Leo has a board member with a degree in economics who serves as treasurer and also has received volunteer assistance from a certified public accountant.

5. Financial Barriers

Running a program for children under five years of age is not cheap. Even with staff members being paid the minimum wage of $3.35 an hour the 'Aha Pūnana Leo estimates that it costs approximately $45,000 to run a Hawaiian based center for up to twenty children. This does not include the cost of coordination, flying between islands, telephone calls between centers, etc. which without donations of services can cost approximately $25,000. Hālau Likolaulani and the Pūnana Leo centers both charge tuition to cover some of their expenses. Hālau Likolaulani charges $100 and the 'Aha Pūnana Leo charges $110. Since both programs run nine and one half hours daily, parents pay between $.52 and $.57 per hour for their children, one of the cheapest rates in Hawai'i. Yet many of the parents who are most interested in the program including many Hawaiian parents cannot afford to pay for such a program. There is a need for assistance to such parents in paying tuition.

For a program enrolling 15 children to raise $45,000, children would have to be charged $250 per month. This is in fact the type of tuition charged one finds charged by English based programs. With their tuition of $100 and $110 Hālau Likolaulani and Pūnana Leo centers have to raise between $25,000 and $27,000 in additional funds to support their programs. There are two ways in which this is done a) fund raisers such as concerts, food sales, t-shirt sales, etc. and b) grants. Both of these methods of raising funds take considerable time and expertise, time and expertise that are also needed in addressing other barriers such as program development, home support, materials development, etc. When these methods do not bring in sufficient funds, expenses are cut by not paying staff members, a method at present used by Hālau Likolaulani but not the 'Aha Pūnana Leo.

Grants from OHA, the Department of Hawaiian Home Lands, The Hawai'i Committee for the Humanities and several local foundations have been used to support the activities of the 'Aha Pūnana Leo. There has been a problem with cash flow however. Alu Like has also provided valuable assistance through its various training programs. Donations from individuals and businesses in terms of materials, in-kind assistance, and cash have also helped the 'Aha Pūnana Leo. There have been difficulties with cash flow especially with the DHHL and OHA, from whom a combined total of less than $3,000 have been received as of May 1985

In New Zealand there is a government policy of appropriating $18 per week per child in centers serving children under five that meet certain standards. (Such a policy in Hawai'i would bring in $14,040 for a center enrolling fifteen children.) In addition the Department of Māori Affairs has obtained monies from the government to give any community regardless of blood quantum $5,000 to start a program of their own along with programing assistance from regional coordinators (like the 'Aha Pūnana Leo luna ho'oikaika) who are also funded by the Department. The Department of Māori Affairs in conjuntion with other Māori agencies also investigates other funding possibilities for the Kōhanga Reo Program allowing individual centers to work on more grassroots types of fundraising such as concerts and the like. Using these methods the Māori people have in a coordinated effort mangaged to enroll over 3,000 children under the age of five in Māori based programs run entirely in the traditional language. Where Māori onced seemed doomed to extinction, there is now great renewed pride and hope for the future. There is a need for a similar coordinated effort here in Hawai'i using local Hawaiian agencies and resources.

Indigenous based programs also exist on the mainland for Indian, Eskimo, and Aleut groups with funds coming from the federal government. The 'Aha Pūnana Leo has made an attempt to obtain some federal assistance in this area. More work needs to be done in assuring the Hawaiians qualify for programs used by Native Americans in language and culture revival efforts. Even monies targeted for bilingual education could be used since some of the children entering these programs come from homes where Hawaiian is spoken. Such children come from either Ni'ihau families or families were one or more parent learned Hawaiian at the University and decided to make Hawaiian the language of their home.

PŪNANA LEO O HILO
PROGRESS REPORT JANUARY 1, 1986- DECEMBER 31, 1986

1986 was an important year for the Pūnana Leo O Hilo. We increased the number of children enrolled to twenty and at the end of the year made a downpayment on the property upon which the building stands. In the summer a special *mālaa‘o* or kindergarten-like program was begun. In addition Hilo parents worked with Pūnana Leo parents on other islands to successfully lobby for changes in state law to allow Pūnana Leo to hire staff with the same rights as those given to the Japanese language schools and also to legalize the use of Hawaiian as a medium of instruction in public schools.

The immersion method of teaching Hawaiian has pretty well proven itself at Hilo. After being completely surrounded with Hawaiian for four to five months most children become fairly fluent in conversational use of the language. After that increasing the knowledge of the children in the language becomes very similar to increasing the knowledge of a young child who grows up speaking English, i.e., increasing their vocabulary, getting them to observe the irregular forms like "went" instead of "goed", exposing them to different styles of language and literature, and learning to read and write.

Although we have *kūpuna* involved in the work at Hilo we have found that the strain of running the program on a day long basis is best handled by young people. The positive side of this is that we have found that the younger people are transfering the language to the children quite well. The Hilo program has shown that when there are no longer any Hawaiian speaking *kūpuna* we will still be able to create new speakers with the little children much as the Jewish people did with the formerly extinct Hebrew language in Israel. An additional advantage is that *kūpuna* who work with the children can concentrate on areas of particular expertise that they have confident that the children can already communicate in the language.

Becase the children at the Pūnana Leo O Hilo now already speak Hawaiian we have worked on exposing them to more and more uses of the language. An ‘Aha Pūnana Leo Cirriculum Commitee has supplied original materials on hospitality with a welcome speech and chant, original materials on health, the post office, and several other topics. The children have learned numerous traditional songs and new compositions such as Hilo Hanakahi, He ‘Ono, Tūtū lā, Eia Au He Keiki ē, Kona Kai ‘Ōpua, Wahīika‘ahu‘ula, etc. The have also learned some *hula*.

There has been at least one field trip per month with children visiting a farm, Hulihe‘e Palace, the Hilo airport tower, the Hilo Hospital, the US Constitution, the Volcano, etc. They have also gone to Mokuola to *kāpeku* (or *pa‘ipa‘i* as it is called on O‘ahu) and started a garden in the back of the school. The children have publicized the concept of Hawaiian language education through performances at Kūhiō Plaza, receiving a proclamation from the mayor for Hawaiian Language Week, visits to the Hilo Day Care Center and visits to the University of Hawai‘i at Hilo.

Emphasis is put on the three "R"s in the Pūnana Leo by first reading to the younger children every day and also by use of a large calendar in the morning. The youngest children start to learn to read by sight. Usually they master their own and the other children's names first and then move on to short words. From sight reading a few words they learn the *hakalama* syllabary and the four and five year olds start to sound out words syllable by syllable, e.g., *wa-hi-ne*. The oldest children learn to write words using the *hakalama*, to read sentences which are usually traditional sayings, e.g., Ūē ka lani; Ola ka honua., and then compose sentences on their own. They also begin to recognize the basic letters and finally the "Bible" letters e.g., the *s* of Iesū, the *b* and *t* of Betelehema, etc. All the children also participate in individual matching, counting and arranging exercises to develop their indepence and ability to work on their own.

Parents continue to attend *papa makua* (parent language classes) and also do *hana makua* (support work) for the school. They also have their own non-profit organization separate from the 'Aha Pūnana Leo, Inc. and try to raise funds to purchase extras for the school such as a vacuum cleaner for them to use in their *hana makua*.

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